TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flows after death. Page 6 may be retained by the hosping TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compietely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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To the hospital or attending physicial to the funeral direction. After this certification within 72 hours after death with the simportant; if them 28 is marked, or
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THE HOSPITAL TO THE FUNERAL Se filed within 72 MPORTANT: If

REGISTRAR													
1. DECEDENT'S NAME (Fin	st, Middle, Last)	_ Jo	hn Cec	il Bal	lard				MONTE		DAY	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUM	IBFR	I 5. SEX	I & AGE (In :	yrs. last birthday)	IE IMPE	R t YEAR	IF UNDER	A4 MMP		OF BIRTH	6.	92	HPLACE (State or Foreign
578-16-488		1 M 2		yrs. last birthday) YRS.	MONTHS	DAYS	HOURS	MIN.	(Month	, Day, Year)	1922	Count	shington,
9e. FACILITY NAME (If not			1 03		96. CITY	Y, TOWN (OR LOCATIO	ON OF DE		то,		INTY OF	
So. n	1Axy1	BALD	HOSF	in		PI	117	241					- GEOR
RESIDENCE OF DE	CEDENT		11031	77.11				UNU			1/- /-	much	GK 0/2
Maryland	Dring	r ce Geord	7010		TY, TOWN								10d, INSIDE CITY LIMITS?
		ce geord	<i>je s</i>		anip a	PDT TI	195						1 - YES 2 X NO
10e. STREET AND NUMBE						101	. ZIP CODE				10g. CI	rizen of	WHAT COUNTRY?
	816 Mi	ddleton						0748	_			U.	.S.A.
11. MARITAL STATUS 1 Never Merried 2	Married	12. WAS DECES	DENT EVER IN U 1 XYES E WAR OR DATE	I.S. ARMED 2 NO	13.	If yes, sp	ENDENT O	F HISPAI	NIC ORIGIN	? (Specify Ye	e or No-	14. RAC Blac	E American Indian, ik, White, etc.
3 Widowed 4 Dis		IF YES, GIV	'E WAR O R DATE WWT.T			1 TYES	2 XNO	Specif	y:			Spec Callo	casian
15. DF	CEDENT'S ED	UCATION		6s. DECEDENT'S	USUAL O	DCCUPATIO	ON		166	KIND OF BU	ISINESS/IN	•	Lastan
(Specify of Elementary/Secondary	nly highest grad	completed) College (1-4 or		(Give kind of life. Do NOT u	work done use retired.)	during mo	st of working	g	1	Tanto or bo	JOHN LOG JIIV	0001111	
12th	(0-12)	N/A		Shop Ma	anage	2r			Na	val R	eseat	rch 1	lah.
17. FATHER'S NAME (First,	Middle, Last)	21/22		DINOP IL	22.44		18. MOTH	IER'S NA		Aiddle, Maider		LCII I	
John C. B	allard	. Sr.						To	la Wi	ndsor			
19e. INFORMANT'S NAME		4.00		19b. MAILING	3 ADORES	SS (Street a	ind Number					ip Code)	
Elizabet	1 Ј. В	allard		Same	as	10 7	A-F						
+0a METHOD OF DISPOSI	TION	noval from State	20b. PI	LACE AND DATE	OF DISPOS	SITION (Na			OATI	20c. L0	OCATION -	- City or To	own, State
4 Donellon 5 DOth	er (Specify)		Mar	vland S	State	e Vet		ıs C	SW TO	⁹ Che	lten	ham,	Maryland
21. SIGNATURE OF FUNER	AL SERVICE L	CENSEE	00	1	22.	. NAME A	ND ADDRES	SS OF FA	cility Le	e Fun	eral	Home	e, Inc.
Un.	21 1	St. X	Sex		1 6	6633	old	Alex	xande	r Fer	ry Ro	d Cl:	inton, Md2
23. PAP 1. Enter the shock, or IMMEDIATE CAUSE (F disease or condition resulting in desth)	haart fallure. Inal	a. J DUE	cause on aac	h lina.						llac or resp	piratory as	rreat,	Approximata Interval Batwo Onset and Da
shock, or IMMEDIATE CAUSE (F disease or condition	Itiona, ediata YING jury	a. J DUE	cause on aac	ONSEQUENCE O) fe					llac or reap	piratory a	rreat,	Interval Batwe
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	FOR
1 -	STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	st)					2. D/ MO	TE OF DEATH	Υ	YEAR :	. TIME OF DEATH
SARAH H 4. SOCIAL SECURITY HUMBER	BROC						02	Ď5	92	3 50A N
578-22-4552	5. SEX	6. AGE (In yrs. les		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DA (M	TE OF BIRTH onth, Day, Year) /18/09		Country)	th Carol
9a. FACILITY HAME (If not institution, given	,			9b. CITY, TOWN	OR LOCATION OF	DEATH	, 10,05	9c. COU	HTY OF DEA	
PRINCE GEORG	E'S HOSPIT	AL CENT	ER	CHEV	ERLY			PRIN	VCE G	EORGE'S
10a. STATE D . C	NTY		10c. CITY	, TOWN OR LOCA					.1	0d. IHSIDE CITY
10e. STREET AND NUMBER	N/A		W	ashing	zip code					YES 2 NO
302 Divisi	on Ave.,	N.E.		1	20019				J.S.A	AT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 TH	MED 10	if yes, sp	ENDENT OF HISPA ecity Cuben, Maxie 2 NO Spec	an, Puer		or No-	- American Indian, Whita, etc. Black	
15. DECEDENT'S E (Specify only highest gro		(Gi	ive kind of w	USUAL OCCUPATION	OH st of working	1 8	16b. KIHD OF BUS	IHESS/IHO	DUSTRY	
9th	College (1-4 or 5 +	,	ams	tress			C.	lean	ers	
17. FATHER'S NAME (First, Middle, Last)	T						st, Middle, Malden			
Eugene Ev.	ans	1 401	h MAITING	ADDRESS (Street a	ad Number or Dun	On de M	Ledwel.	Ones The	0.4.	
Roosevelt Eva	ns	83	20 N	.C. Hw	y . 62-1	E,P	Leasant	t Ga	rden	27313 s,N.C.
20a. METHOD OF DISPOSITIOH Burial 2 Cremation 3 Red 4 Denation 5 Other (Specify)	amoval from State	20b. PLACE	AHODATEO	FDISPOSITION (NO DET TIPE CET	me of	0	ATE 20c. LO	CATION -	City or Town	State
21. SIGNATURE OF FUHERAL SERVICE	LICENSEE			22. HAME A	O ADDRESS OF F	ACILITY				
Sarry	N. 5	catt		H.S 492	Washi Burro	ough	on & Sons Ave	ons,	Inc. E.	
iMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Cong	estive	110	4 -	, ,					Onset and Death
Constant of Marie										
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Coro DUE TO Chro DUE TO	MANY AS A STONES	Autouence of	uct in	islane e Pul	7	ng D18	las	2	
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in or attending physician. for use as the burist-transit permit. Pages 1, 2, 3 should TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed which 24 fours after death. Page 6 may be missed by the attending physician and completely filled in by the funeral director, page 5 much be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

D 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 687

FEB LO 1882 See See 19 1837

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR				CERTIF	ICATE	OF	DEAT	ГН		REG. NO				
1. DECEDENT'S NAME (First	, Middle, Last)								2. DATE	OF DEATH			3. TIME OF DEATH	
Sushie	la		Bha	tia					2 MONT	" g	AY	352°	7:30 A	M
4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs.	lest birthday)	IF UNDER		IF UNDER		7. DATE	OF BIRTH	1	. BIRTHI Country	PLACE (State or Foreig	gn
277-50-4700		1 □ M 2 \ \XF	51	YRS.	MONTHS	DAYS	HOURS	MiN.	9/1	4/40		Pa	kistan	
9a. FACILITY NAME (If not in	natitution, give a	treet and number)			9b. CITY	TOWN C	R LOCATIO	ON OF DE	EATN		9c. COUNT	Y OF DE	EATN	
5166 DOWNWES	CEDENT				Col	umb	ia, M	Mary	land		Howa	ard		
Maryland	Howa I	_			o lumb		ION						10d. INSIDE CITY LIMITS? 1 YES 2 NO)
104. STREET AND NUMBER 5166 DOWNWES		2				101	ZIP CODE 21(SA	HAT COUNTRY?	
11. MARITAL STATUS 1 Never Married 2 🕅 3 Widowed 4 Dive		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	ARMED		If yes, sp	ENDENT O	n, Mexica	n, Puerto	1? (Specify Ye Rican, etc.)	or No- 1			
	EDENT'S EDUC	CATION	140	250525									Indian	
(Specify onl	y higheat grade	College (1-4 or 5 -	,	Give kind of life. Do NOT u	work done (during mo	IN st of workin	og	166	Home	SINESS/INDU	STRY		
17. FATHER'S NAME (First, M	fiddie, Last)						16. MOTH	HER'S NA	ME (First, I	Middle, Malden	Sumame)			
Iqbalchand							Vee	ran	Bedi					
Nam P.Bhati										ber, City or Town				
20a. METHOD OF DISPOSIT 1 Buriel 2 Crematic	ION	and from Plate	20b. PLAC	EANDDATE	OF DISPOS	ITION /Na	me of		DAT	F 20c, LC	CATION - CI	ly or Toy	vn, State	
4 Donation 5 D Other	(Specify)		Balti	more-	Wash	ingt	on C	rema	tory	Lau	rel,	Mary	yland	
21. SIGNATURA OF UNERA	L SERVICE LIC	land	la	7	F	leck		eral	Hom	e, INC		1 1	4D 20707	
25. PART t. Enter the di	iseases, or c	complications that	codsed the	death. Do	not enter	the mo	de of dvi	na. suci	h aa cere	fiec or resp	Ldure	t F	Approximate	
immediate cause (fir disease or condition resulting in death)	eert fallure, i nai	List only one ceu	se on each il	ne.									interval Betw Onset and D	иееп
Sequentially list condition if any, leading to imme	lona, diate		44 (an AS A CONS				tic	40	lun	٠. د			3400.	
cause. Enter UNDERLY! CAUSE (Disease or inju- that initiated events resulting in death) LAS	iry S	DUE TO	(OR AS A CONS	SEQUENCE O	F):									
PART II. Other algolitica	nt condition	a contribution to	death but no	t manufetime	la the co			North Addi	n I					
Chronic							cause g	iven in	- I	24a. WAS AN PERFOR	MED?		WERE AUTOPSY FINDS AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?	
									-				1 WES 2 NO	
25. WAS CASE REFERRED TO	O MEDICAL I					20 0	ACE OF DE	EATH OL						
EXAMINER?		HOSPITAL:	ED/Outpetlant	a 🗆 pos	OTHER	1 :	ACE OF DE							_
27. MANNER OF DEATH		28a. DATE OF		28b. TIM		28c. (NJI	IRY AT	aldence		CRIBE HOW I	N ILIBY OCCU	BED		
	Pending Investigation	(Month, D	ly, Year)	en.	M	1 Y	9K? ES 2 [) NO	200. DE3	CHISE HOW I	NJUNY OCCU	HEU		
	Could not be determined	28e. PLACE Of building,	FINJURY At Interest (Specify)	home, ferm,	street, tech	ory, office			28t. LOC. City	ATION (Street or Town, State)	and Number or	Rural Ro	oute Number,	
		CIAN: To the best of R: On the basis of ex											and manner as state	d.
296. SIGNATURE AND TITLE	· m	which	NO				29c. LICE	NSE NUM			29d. DATE 5		(Month, Day, Year)	
30. NAME AND ADDRESS OF														
SUITE FILE THORD DA	200 40 100			100	C.).	OWP	14 1	410	310	44				
SI. DATE FILE WITHOUT DON	"T" 1994	32. HEGISTRA	PER PROPERTY OF	- Manag	ب دال									

ed for use as the burial-transit permit. Pages 1, 2, 3 should

tal or attending physician. ND 21215-0020

BALTIMORE, MA

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY FUNERAL DIRECTOR

	1 - STATE REGISTRAR	STATE OF MARYL		PARTMENT OF H		MENTAL	HYGIEN REG. NO.	E 9	2	06004		
	1. DECEDENT'S NAME (First, Middle, Last)		KENNE	TH M. BRAX	TON	2. DATE 0 MONTH 0 2		DAY YEAR		TIME OF DEATH 3:30 A		
	4. SOCIAL SECURITY NUMBER 213-86-9390	1 M 2 □ F 2	(In yrs. last birth	IF UNDER 24 HRS. HOURS MIN.	44. 4. 6. 14. 1							
OR	375 RED CLAY F			LAUREL	OR LOCATION OF E	EATH		ANNE				
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT 10c. COUNT			CITY, TOWN OR LOCAL						d. INSIDE CITY LIMITS?		
	10e. STREET AND NUMBER	e George			I. ZIP CODE				N OF WHA	T COUNTRY?		
BY FUNERAL	11516 Cordwall Dr 11. MARITAL STATUS 1 Nover Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES	2XX00	13. WAS DEC	20725 ENDENT OF HISPA ecity Cuban, Mexic 2000 Speci	an, Puarto R		or No —	. RACE -	American Indian, frita, alc.		
етер в	15. DECEDENT'S EDU (Specify only highest grad	e completed)	(Give kin	NT'S USUAL OCCUPATION of of work done during mo		16b.	KIND OF BUS	INESS/INDUS	STRY	Black		
COMPLE	Elementary/Secondary (0-12)	College (1-4 or 5 +)		orial Labo			nitor		mpan	у		
ш	17. FATHER'S NAME (First, Middle, Lest) Thomas L. Braxton	,Sr.			18. MOTHER'S N.			-	ankl	in		
TO B	196. INFORMANT'S NAME (Type/Print) Sharon B. Scott	10-14		LING ADDRESS (Street a					20725			
	20e. METHOD OF DISPOSITION 1 (X Burlel 2 Cremation 3 Ren 4 Denation 8 Other (Specify)	noval from State	20b. PLACE AND DATE OF DISPOSITION (Name of									
-	22. NAME AND ADDRESS OF FACILITY Fleck Funeral Home, INC. 7601 Sandy Spring Rd. Laurel. M											
RTIFICATION	23. PAST I. Enter the diseases, or complications that cades the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause of each time. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
MEDICAL CE	PART II. Other significant condition	ana contributing to death b	a contributing to death but not resulting in the underlying cause given						PSY 24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 TYES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO	HOSPITAL: 1 Inputient 2 ER/Out	patient 3 🗆 De	OTHER:	ACE OF DEATH (Co			'5 RE	D CI	AY ROAD		
ВУ РН	27, MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year) 0 2 - 17 - 19	92 1	TIME OF Sec. INJ	URY AT PRK? YES 2XXNO	28d. DESC	28d. DESCRIBE HOW INJURY OCCURED SUBJECT SHOT					
ETED	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) ON STREET 281. LOCATION (Street and Number or Rural Route Number of Rural Route Number										
COMPLET		BICIAN: To the best of my know ER: On the besterof examination							cause(a) an	ed manner as stated.		
TO BE C	20. SINNATURE AND TITLE OF CENTURE	ALAI	y)						TE SIGNED (Month, Day, Year) - 17 - 1992			
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) MARO, F. GOLLE, JR., MP. 111 PENN STREET BALTIMORE MARYLAND											
i	FEB 21 19	92 32. REGISTRAN'S STA	HUSEN-A	indell.								

DHMH-18 Rev 1/89

In be detached for use as the burial-transit permit. Pages 1, 2, 3 should by the hospital or attending physician. RYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1203-3146	remaing physician.	me as the burial-transit permit. Pages 1, 2, 3 should			
BALLIMORE, MAHYLAND 21203-3146	rours after death. Page 6 may be retained by the nonpos	d in by the funeral director, page 5 should by detection.	or removal.	medical examiner must be nutified an once.	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25-scours after death. Page 6 may be remined by promoting physician.	TO THE FUMERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should by the terminal transition of the physician and completely filled in by the funeral director, page 5 should by the section of the physician and completely filled in by the funeral director, page 5 should be set to be printed by the physician and completely filled in by the funeral director, page 5 should be set to be printed by the physician and completely filled in by the funeral director, page 5 should be set to be printed by the physician and completely filled in by the funeral director, page 5 should be set to be printed by the physician and completely filled by the funeral director and the physician a	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netflied allowed	

_	TICOGTTAN			· · ·		HEG. 140.		
ļ	1. DECEDENT'S NAME (First, Middle, Last) ESTENE D. BONG	N				2. DATE OF DEATH		YEAR 3. TIME OF DEATH
ì	4. SOCIAL SECURITY NUMBER 5. SEX 6.	AOE (in yrs. lest birthday)	IF UNDER 1 Y	EAR IF UNDER	R 24 HRS.	7. DATE OF BIRTH		8. BIRTHPLACE (State or Foreign
i	578-44-3957 1□ M 2 %№	82 yrs.	MONTHS DA	YS HOURS	MIN.	(Month, Dey, Year) May 18, 1	910	Country) Georgia
ŀ	9e. FACILITY NAME (If not institution, give street end number)		9b. CITY. TO	WN OR LOCATI	ON OF DE			TY OF DEATH
-	0 1	- 11,000		ckvill				
	PRESIDENCE OF DECEDENT	Flore:	LO	CKVIII	e		Mon	tgomery
	10e. STATE 10b. COUNTY	10¢. CI	TY, TOWN OR L	OCATION				10d. INSIDE CITY
5	Maryland Montgomery		Germant	own.				1 KYES 2 NO
	10e. STREET AND NUMBER			101. ZIP COD				EN OF WHAT COUNTRY?
	11505 Aldburg Way			208	376		U.	S.A.
5	11. MARITAL STATUS 12. WAS DECEDENT EV					IC ORIOIN? (Specify Yes	or No-	14. RACE — American Indian, Black, White, etc.
:	1 Never Merried 2 Merried FORCES? 1 IF YES, GIVE WAR			IS, SPECITY CUBI		n, Puerto Rican, etc.)		Specify: Black
2	3 🔯 Widowed 4 🗌 Divorced			Λ				Diack
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16e. DECEDENT'S	S USUAL OCCU	PATION	lna	16b. KIND OF BUS	SINESS/INDL	JSTRY
i	Elementary/Secondary (0-12) College (1-4 or 5+)	1	work done duri use retired.)	ng mout or work	719	D		
	12th grade	Beaut	tician			Priva	ite	
ş	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden		
	Will Witherspoon			l E	latti	e (unknow	n)	
5	19e. INFORMANT'S NAME (Type/Print)					Route Number, City or Town		
	Judith Jamison	11505	5 Aldbu	irg Way	Ger	mantown, M	1d. 20	08/6
- 1	200, METHOD OF DISPOSITION	20b. PLACE OF DISPO	OSITION (Neme	of cemetery, cre	metory or	20c. LO	CATION — C	City or Town, State
	1 Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	other place) Ma	ryland	Natio	nal i	Park M	arvla	nd
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			ME AND ADDRE				St. N.W.
- [V / 16/1/							
4	23. PANT I. Enter the diseases, or complications that co		_					., D.C. 20011
ALILICALIOIA	If any, leading to immediate ceuse. Enter UNDERLYING CAUSE. (Disease or injury	AS A CONSEQUENCE	V	the	nl	we.	•	Onset and Death
i	d							
١٢	PART II. Other algolificant conditions contributing to de	sth but not resulting	In the unde	rlying cause	given in	Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS
5						PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE
								OF DEATH?
E								1 YES 2 NO
1	25. WAS CASE REFERRED TO MEDICAL		-	26. PLACE OF	DEATH #05	ank only one!		
SICIAIN:	EXAMINER? HOSPITAL:	NO. C.	OTHER:					
	1 YES 2 MO 1 mpatient 2 E E	NOutpatient 3 DOA		Home 5 F	maldence	6 ☐ Other (Specify) 26d, DESCRIBE HOW I	NJIURY OCC	SURFO
	1 Natural 5 Pending (Month, Day,		NJURY	WORK?	□ NO	28d. DESCRIBE HOW I	INJUNT OCC	UNED
	3 Suicide 260. PLACE OF II	IJURY — At home, farm	, street, factory	, office		261. LOCATION (Street		or Rural Route Number,
	4 Homicide determined building, etc	. (Specify)				City or Town, State)		A
	29e. CERTIFIER	hand do do do do		determed also		A = 4b =		
	(Check only one) 2 MEDICAL EXAMINER: On the basis of exam							
3	- Control -	mation endor investiga	tion, in my opin					
O DE	296 SIGNATURE AND TITLE OF CERTIFIER			29c. LIC	RENSE NUI	1 22 4	29d. DATE	SIGNED (Mornin, Day, Year)
	8. TREHAN MD, 50 W Ed	MONDEY	Pe, Print)	504	, R	ockull	e ry	0 20852
	31. DATE FILED (Morith, Day, 1947) 1992 32. ARGUSTRANY	BANKE Hand	ell					

BALTIMORE, MARYLAND 21215

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has been signed by the attending physician Dept. of Health and Mental Hygiene prior to

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	7	0	ž
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	THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nou	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled i	filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MAMIE BROOKS 92 BAY .40 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) 578-38-4251 1 M 2XXF 65 4-17-26 Sumpter S.C 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH MARY DIRECTOR PITTAL PRINCE BEONLO RESIDENCE OF DECEDENT 10a STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY D.C. Washington XYES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 2940 Vista Street, 20018 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 11 MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yea, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 1 Never Married 2 Married BY 1 TES 2 T NO Specify 3 Wildowed 4 Divorced BLACK Specify BLACK COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 12th Clerk Goodwill Industries once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) at Rembert Oliver Palmie Tindall 品 notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 2806 Kingsway Road Arlene Isom Ft. Wash., MD. 20744 be 20s. METHOD OF DISPOSITION

1 X Souriel 2 Commetion 3 Re
4 C Donwton Checky 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State must DATE Harmony Memorial Park Landover, MD medical examiner Robert G. Mason Funeral Home, Inc. 1661 Good Hope Road, S.E. Wash., DC 20020 23. PART I. Enter the diseases, or complications that caused the deships, or heart fallure. List only one cause on each line. o not enter the mode of dying, auch as cardiac or respiratory arrest, interval Between IMMEDIATE CAUSE (Final Onaet and Death disease or condition resulting in death) Injury, or other traumatic event, CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 0 shows any 1 TES 2 NO a 100-1 YES 2 NO 23 25. WAS CASE REFERRED TO MEDICAL item 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 © Inpatient 2 - ER/Outpatient 3 - DOA OTHER:
4 | Nursing Home 5 | Residence 8 | Other (Specify) 1 TES 2 NO 10 27. MANNER OF DEATH 26a, OATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF marked, 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation BY 1 YES 2 NO Accident 28a. PLACE OF INJURY — Al home, farm, street, factory, offica building, atc. (Specify) -3 Sulcide 6 Could not be determined 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 28 4 Homicide Item 29a. CERTIFIER 1 M CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner se stated. IMPORTANT: II 2 MEDICAL EXAMINER: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER BE 29d. DATE SIGNED (Month, Day, Year)

AGE C 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Walland ABUL HASAN U ANS ARI

32. REGISTRAP'S SIGNATURE
JUNIA DAVIDSON-Pandale

31. DATE FILED (Month, Day, Year)
FEB 21

TO THE FUNERAL (be filed within 72 h IMPORTANT: If It

31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE

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Julia Savidson-Randelle

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WITHIN	pleteh	I within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	ent,
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inding physician.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) Elizabeth 2. DATE OF DEATH 3. TIME OF DEATH YEAR 3:50 p.mm SARAH E. BOYLES 19 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Yea 6. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 1 M 2 V F 220 - 46 - 3976 Sept. 3,1894 Maryland Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR CAROLINE NURSING HOME DENTON CAROLINE RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Centreville Maryland Oueen Anne's 1 X YES 2 | NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 101, ZIP CODE United States 21617 R.D. 4, Box 727 11. MARITAL STATUS WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yea, specify Cuban, Mexican, Puerto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Mexican, Puerto Rica 1 Never Married 2 Married IF YES, GIVE WAR OR DATES Specify: White BY 3 🕅 Widowed 4 🗌 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe College (1-4 or 5+) ontary/Secondary (0-12) Wife Home 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Frank Thomas Faulkner Hannah Gortimiller BE 19m. INFORMANT'S NAME (Type/Print) Nephew 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Joseph M. Benney, Jr. R.D.4, Box 727, Centreville, Maryland 21617 20s. METHOD OF DISPOSITION
1 X Burlei 2 Cremation 3 Removal from State
4 Donation 6 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name DATE 20c. LOCATION — City or Town, State Chesterfield Cemetery 1/22 Centreville, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY James H. Barton, Barton Funeral Home Box 222, Centreville, Maryland h. Enter tha diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, **Approximata** shock, or haert feilure. List only one cause intarvai Between **Onset and Death** IMMEDIATE CAUSE (Final disesse or condition_ mera resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AMILABLE PRIOR TO COMPLETION OF CAUSE 1 - YES 2 NO OF DEATH? 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER t TYES 2 D 1 | Inpetient 2 | ER/Outpetient 3 | DOA e 5 🗆 Residence 6 🗆 Other (Specify) 27. MANNER-OF DEATH 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED INJURY 1 Netural
2 Accident 5 Pending 1 YES 2 NO BY investigation 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined ED 4 Homicide COMPLET 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CENTIMER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 2 30. NAME AND ADD OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) James Sides, M.D., Denton, ND 21629 am

DHMH-16 Rev 1/89

31. DATE FILED (Month, Day, Year)

JAN 16 '92

32. REGISTRAN'S SIGNATURE
Julia Devidson-Randall

s PHYSICIAN: The law requires that the death certificate be executed within 2 June after death. Page 6 may be retained by the hospital or attending physician.	ificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should Estate Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremat	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR	STATE OF N	MARYLAND /	DEPAR	TMENT	OF H	FAITH	AND A	AENTA	I HYGIENI	=	92	06008
	1 - STATE REGISTRAR	SIAIL OF I					DEAT		IILIV IA	REG. NO.		7 6	00000
	1. DECEDENT'S NAME (First, Middle, Last)									E OF DEATH	,	YEAR 3	. TIME OF DEATH
		Monty	Ray B	arne	ōΛ			_	Ja	in. 14		92	9:55 pm
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		IF UNDER	1 YEAR	IF UNDER		7. DATE	OF BIRTH		8. BIRTHPI	ACE (State or Foreign
	313-28-5123	1. M.2 - F	61	YRS.	MONTHS	DAYS	HOURS	MIN.		th, Day, Year)	n	Country)	sville, KY
	9e. FACILITY NAME (If not institution, give	1			9b. CITY	, TOWN C	R LOCATIO	ON OF DE		15-5		TY OF DEA	
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DIRECTOR	Kent-Queen Ann		Lai			ies	rerr	OWII			IV	ent	
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<u>a</u>	Maryland Que	en Anne	s		Ch	urch	n Hi	11				1	YES 2 NO
A	10e. STREET AND NUMBER					101	. ZIP CODE				10g. CITIZ	ZEN OF WH	AT COUNTRY?
FUNERAL	P.O. BOx 113	}					21	623			U	S.A.	
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR	MED						IN? (Specify Yea Rican, atc.)	or No-	14. RACE -	- American Indien, White, etc.
BY F	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES	10			2XXNO			rican, atc.)		Specify:	
		1									I		white
Ē	15. OECEDENT'S ED (Specify only highest grad	UCATION le completed)	16e. DE	CEDENT'S	Work done	during mo	ON st of workin	g	16	b. KIND OF BUS	INESS/IND	USTRY	
2	Elementary/Secondary (0-12)	College (1-4 or 5	-)										3
COMPLETED			4.	. V .	Repa	arr						mplo	yea
	17. FATHER'S NAME (First, Middle, Last)	1 11 5						_		Middle, Malden	Sumame)		
H	Raymond Mitc	nell Ba		****						thews			
2										nber, City or Town			
	Jane Kirwan											MD City or Town	21661
	20s. METHOD OF DISPOSITION 1 Burlet 2X X remation 3 Res	moval from State	20b. PLACE other pla	ece)			-	-					
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	Metro	<u>cr</u>			D ADDRES			Bal	timo	ore_	, MD
	Y/	(6)/	11	g.						n Fune	ral	Home	es, PA
	Momas F	11 Hel	enten	en	F	Rock	На	11,	Ma:	ryland	21	1661	v
	23. PART I. Enter the diseases, or shock, or heart failure				not enter	the mo	de of dyl	ng, sucl	h ee ce	rdiec or reepi	retory srr	est,	Approximeta Interval Between
	IMMEDIATE CAUSE (Final	. List billy pila cet	A A				n ,		0				Onset and Death
	disease or condition resulting in death)	· Met	assahic	0	of C	ell	LL	m	14	eccu	Lan	ia.	
	Notes of the second of	DUE TO	(OR AS A CONSE	QUENCE O	F):		·	/					
Z	Sequentially list conditions,	b											
CERTIFICATION	if any, leading to immediate	DUE TO	(OR AS A CONSEC	DUENCE O	F):								
2	cause. Enter UNDERLYING CAUSE (Disease or Injury	c	/00 to 1 000000										
E	that initiated events resulting in daeth) LAST	DOE 10	(OR AS A CONSEC	QUENCE O	M-):								
员		d											
	PART II. Other significent condition	one contributing to	death but not r	reaulting	in the u	nderlyin	g cause (given in	Part I.	24s. WAS AN			WERE AUTOPSY FINDINGS
MEDICAL	Liver	Failu	re.							PERFOR			WAILABLE PRIOR TO COMPLETION OF CAUSE
ED										1 TES 2	1300	- 1	OF DEATH?
									_			- '	YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL					26 PI	ACE OF D	EATH /Ch	ack only	onel			
PHYSICIAN:	EXAMINER?	HOSPITAL:	TERMO AND A		OTHE	R:							
¥	27. MANNER OF DEATH	28e. DATE OF		28b. TIR		28c. INJ		enidence		ner (Specify) EŞCRIBE HOW I	NJURY OCC	CURED	
	1 Nistural 5 Pending	(Month, E		IN	JURY	WC	PRK?	¬ NO	200. 5	LYONIDE NOW I		JONES	
BY	2 Accident Investigation 3 Suicide 8 Could not be	28n, PLACE C	F INJURY — At ho	ome, Jarm.	street, fac				281. LC	CATION (Street a	and Number	or Rumi Bo	ute Number
	4 Homicide 8 Could not be determined	building,	etc. (Specify)	,		,,	_		Cit	y or Town, State)			,
9	29s. CERTIFIER OF OFFICE PARTY												
COMPLET	(Check only	SICIAN: To the bast of											and manner on children
8			Aminimental eng/of	- iveatigati	on, in my	ирипиоп, с				te and piece, an		+	and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIF		llen	21.1	1.0	2.0	29c. LICI	ENSE NUI	MBER	2	29d. DAT	E SIGNED	Month, Day, Year)
2	Eric F. Ciga		(44)	nee	711	J.	100	5 0	146)		115	176
	30. NAME AND ADDRESS OF PERSON V	MU COMPLETED CAU	SE OF DEATH ATE	M 27\ /7vn	a Print'							/	

109 S. Commerce,

21617 MD

Centreville

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sat materials of Marie

1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIE	
1. DECEDENT'S NAME (First, Middle, Last) Carl Benjamin Be	rry	2. DATE OF DEATH	_

	1. DECEDENT'S NAME (Flori	i, Middle, Last) amin B	errv							2. DATE OF DEATH		YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMI		5. SEX	6. AGE (In yrs. les	e biotholock	IF UNDE				Feb. 19,	1992		5:50 P. M
	217-14-77		1 😡 M 2 🗆 F	77	YRS.	MONTHS	DAYS	HOURS	MIN,	June13,	1914	Countr	PLACE (State or Foreign y) Lyland
oc	9e. FACILITY NAME (If not in								ON OF DE			INTY OF D	EATH
힏	BOX 277I	Raby R	oad			W	aldo	rf_			Ch	arle	5
DIRECTOR	Maryland	10b. COUNT	rles		10c. CITY, TOWN OR LOCATION Waldorf								10d. INSIDE CITY LIMITS? 1 YES 2XXNO
FUNERAL	BOX 277I		oad				10	1. ZIP COD	• 0601		10g. CIT	IZEN OF V	YHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 White	T EVER IN U.S. ARI YES 2 TA	MED	II. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or I If yea, specify Cuban, Maxican, Puerto Rican, etc.) 1 YES 2 XXNO Specify:					e or No-	No- 14. RACE - American Indian, Black, White, etc.			
핃	t5. DEC (Specify only	16a, DE(CEDENT'S	USUAL O	CCUPATIO	ON ost of workli		16b. KIND OF BU	SINESS/IN	DUSTRY			
COMPLETED	Elementary/Secondary (0		College (1-4 or 5	ille.	rmer	se retired.)	oung m	at or worth	•	Agric	ultu	re	
00	17. FATHER'S NAME (First, M William A)		Domesia					18. MOT	HER'S NAM	NE (First, Middle, Maider	Surname)		
BE			perry							Groves		_	
5	196. INFORMANT'S NAME (TyperPrint) Thomas Berry 19b. MAILING ADDRESS (Street and Number or Bural Route Number, City or Town, State, Zip Code) Rt. 2 Box 181A, Indian Head, Md. 20640												
	20a. METHOD OF DISPOSITION 1 © Burdal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of Community). Cremation 5 Other (Specify). 20c. LOCATION — City or Town, State Community, Crematicy, Crematicy, Crematicy, Crematicy, Crematicy, Crematics, Called Community, Called Commun												
	21. SIGNATURE OF FUNERAL	L SERVICE U	Marc	has		22 Hu	NAME &	ADDRE:	ss of FAC	Home			
	Benjami	n Matt	hews	M00658		P.	0.	Box	156,	Waldorf,	Md.	2060	04-0156
	23. PART i. Enter the di ahock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in death)	valt latiure.	List only one cau	se on sech line.							-	reat,	Approximate interval Between Onest and Death
CERTIFICATION	disease or condition resulting in death) a. Squamus Cel Carcinoma of Lip with Coments: Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST Coments: Out to (or as a consequence of): Due to (or as a consequence of): Out to (or as a consequence of):												
	PART II. Other aignificer	nt condition	s contributing to	death but not re	suiting i	n the un	derivino	COUSE C	iven in P	art i. 24e. WAS AN	ALITOREY	1.00	WERE AUTOPSY FINDINGS
: MEDICAL										PERFOR	MED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 27 NO
AN	25. WAS CASE REFERRED TO	MEDICAL					26. PL	ACE OF DE	EATH (Chec	k only one)			
Sic	EXAMINER?		HOSPITAL:	ER/Outpatient 3	DOA	OTHER	1:			Other (Specify)			
BY PHYSICIAN:		Pending nvestigation	28s. DATE OF (Month, De		28b, TIME	OF	28c. INJI WO	JRY AT	:	2ad. DESCRIBE HOW I	NJURY OC	CURED	
ETED 8	3 Suicide a C	Could not be latermined	28e. PLACE Of building,	FINJURY — Al hometc. (Specify)	ie, farm, s	treet, facto	ory, office			City or Town, State)	nd Number	or Rural Ro	oute Number,
COMPLE	29a. CERTIFIER (Check only one) 2 MEOK	FYING PHYSIC	CIAN: To the best of a	my knowledge, dea amination and/or in	th occurre	d at the ti	me, date	and place,	and due to	o the cause(a) end mar	ner as stat	ed.	end menner se stated.
8	296. SIGNATURE AND TITLE	OF CENTIFIER	160h	0				29c. LICE	NSE NUMB	ER			Month, Day, Year)
	30. NAME AND ADDRESS OF Dr. Harvey	atzen	, 8926 WG	of peath (ITEM	27) (1/1/100.	#20.	1, C	lint	on, N	1D. 20735		1	, ,
	31. OATE FILEO (Month, Day, V	6ar)	32 REGISTRA	S'S SIGNATURE	datt.								
	TED TO	750											

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31. DATE FILED (Month, Day, Year)
FEB 2 1 1992

North Fourth Street,

Suite 1

32. REGISTRAR'S SIGNATURE

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the handling physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should by derighed by use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

	122						92	06010
	1 - FOR STATE REGISTRAR	STATE OF MARYLAND /	DEPAR	RTMENT OF HEALTH AND CICATE OF DEATH	MENTA	L HYGIEN	E	00010
	1. DECEDENT'S NAME (First, Middle, Lest)	orge Henry Bowser			MON	OF DEATH		3. TIME OF DEATH 992 11:00 A. M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. las		IF UNDER 1 YEAR		OF BIRTH		BIRTHPLACE (State or Foreign
	220-03-7054 9a. FACILITY NAME (If not institution, give st	1 📈 M 2 🗆 F 77	YRS.	MONTHS DAYS HOURS MIN.	5-2	th, Day, Year) 8-1914	M	aryland
DIRECTOR	Garrett County Me			96. CITY, TOWN OR LOCATION OF Oakland	DEATH		Gari	of Death Cett
EC	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCATION				tod. INSIDE CITY
	Maryland Garr	ett	Ac	cident				1 YES 2 NO
FUNERAL	Route 1, Box 115,	Rock Lodge Rd.		21520			10g. CITIZE	N OF WHAT COUNTRY?
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	ANIC ORIGI can, Puerto cily:	N? (Specify Yes Ricen, etc.)	or No- 14	I. RACE — American Indian, Black, White, atc. Specify:			
ED	15. DECEDENT'S EDUC	WW 2	CERENTIA	HOUSE COMPANY				white
COMPLETE	(Specify only highest grade Elementary/Secondary (0-12)	Completed) (Gill (ive kind of Do NOT u	,		b. KIND OF BUS		TRY
N N	7th 17. FATHER'S NAME (First, Middle, Last)	Yar	rd Fo	reman		.umber		
BE CC	17. FAIRER S NAME (First, Middle, List)	William Bowse	er	16. MOTHER'S N		Brant	Surname)	
10	19e. INFORMANT'S NAME (Type/Print)			ADDRESS (Street and Number or Rura			n, State, Zip Co	ode)
	Kathryn M. Bows	er Rt		Box 115, Accid	ent,	MD 21	520	
	20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Ramo	oval from State 20b. PLACE A		OF DISPOSITION (Name of ther place)	DAT	E 20c. LO	CATION - CR	y or Town, State
ΠÌ	4 Donation 5 Other (Specify)	Glade		etery	2-19	Acci	dent.	MD
	A Lynn	Deuman	5	Newman Fune 155 Main St	ral H	lomes,	P.A.	MD 21.526
	23. PART I. Enter the disesses, or co	omplications that coused the de	eth. Dp r	not enter the mode of dying, su	ich sa cen	disc or respi	ratory arres	t, Approximate
	IMMEDIATE CAUSE (Finsi disease or condition resulting in desth)	List Drily Dria cause Dri esch lina	and	11000				Interval Batween Onset and Desth
	resulting in destri)	DUE TO (OR AS A CONSECU	DUENCE O	F):				Month
RTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEC	DUENCE OF	F):				
S	cause. Enter UNDERLYING CAUSE (Disesse or injury	4						
	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEC	UENCE O	F):				
CER	d							
- 1	PART II. Other algnificant conditions	contributing to death but not re	esulting	in the underlying cause given in	n Part i.	24a. WAS AN		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
MEDICAL						1 - YES 2		COMPLETION OF CAUSE DF DEATH?
								t TYES 2 NO
HYSICIAN:	25. WAS CASE REFERRED TO MEDICAL							
2	EXAMINER?	HOSPITAL: 1 X Inpatient 2 ER/Outpatient 3		26. PLACE DF DEATH (C				
	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIM	4 Nursing Home 5 Residence E OF 28c, INJURY AT	7	CRIBE HOW IN	IIIIBY OCCUR	ED
2 7	1 Natural 5 Pending Investigation	(Month, Day, Year)	LNI	M 1 YES 2 NO	100, 02.	JOHIBE HOW IN	JOHY OCCUR	EU
150	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At hon building, etc. (Specify)	ne, farm, a	treet, fectory, office	26f, LOC City	ATION (Street as or Town, State)	nd Number or i	Rural Route Number,
COMPLE		MAN: To the best of my knowledge, dest: On the bests of examination end/or in						ause(a) and manner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIER	~		29c. LICENSE NU		Т		GNED (Month, Day, Year)
2	unsteade, h	1D C. Willia	am Fe	dde MD D22336			▶ ∠/1	
- 11	30. NAME AND ADDRESS OF PERSON WHD	COMPLETED CAUSE OF DEATH (ITEM	27) (Type,	Print)				

Oakland, MD

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The second of th	r death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or rem	is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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31. DATE FILED (Month, Day, Year)

1992

	FOR 1 STATE	STATE OF MARYL				NTAL HYGIEN	92	06011				
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last) GASTON		BROOKS ROOKS	ATE OF DEA	2.	PEG. NO.		3. TIME OF DEATH 7: 45 on M				
	237 50 6193	1 DM 2 DF 7	YRS. MOI	NTHS DAYS HOURS	MIN.	DATE OF BIRTH (Month, Day, Year)	.0 F	BIRTHPLACE (State of Foreign Country) Raleigh, N.C.				
DIRECTOR	PRINCE GEORGE PRINCE GEORGE PESIDENCE OF DECEDENT		ENTEL	CITY, TOWN OR LOCA	EVER	LY		CE GEORGES				
	Maryland Prince	Georges		tville				10d. INSIDE CITY LIMITS? 1 X YES 2 NO				
FUNERAL	100. STREET AND NUMBER 6305 Hill Mar Dri	ve #4			101. ZIP CODE 10g. CITIZEN OF WHA 20747 UNITED ST							
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	13. WAS DECENDENT If yes, specify Cut 1 YES 2 AN	en, Mexicen, Pu			4. RACE — American Indian, Black, White, atc. Specify: BLACK						
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co Elementary/Secondary (0-12)		life. Do NOT use rel	done during most of work	king	16b. KIND OF BUS						
OM	9 DOMESTIC CLEANING 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Meiden Surreme)											
BEC	GENAVOUS HUNTER			M	ARGARET	HALL						
10		(DAUGHTER)		oness (Street and Numb								
	20a. METHOD OF DISPOSITION 1 🔀 Burlet 2 Cremetion 3 Remove 4 Donation 5 Other (Specify)	al from State 20b.	PLACE AND DATE OF DI etery, cremetory or other I SHINGTON	SPOSITION (Name of place) NATIONAL C	EM.			y or Town, Stata Maryland				
	21. SIONATURE OF FUNERAL SERVICE LICEN		M859	22. NAME AND ADDR ALEXANDER	S. PO	PE FUNER	AL HOM	ſE				
	23. PART I. Enter the diseases, or cor	mplications that caused	the death. Do not	2617 Penn	ying, such as	La Avenu	e , SE I	DC 20020				
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition											
1	resulting in deeth) a	DUE TO (OR AS A CONSEQUENCE OF):										
N O	Sequentially list conditions, Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF):											
-ICATI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	SMAC						WETH THIC				
CERTIFICATION	that initiated events resulting in desth) LAST	50E 10 (011 A3 A										
MEDICAL	PART II. Other significant conditions of ACUTE RENAL FAILURE	FAILURE				200000	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF	DEATH (Check o	nly one)						
SIC		1OSPITAL:		HER: Nursing Home 5 🗆 F	Reeldence 8 🗆	Other (Specify)						
ву РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJURY AT WORK? M 1 YES 2		I. DESCRIBE HOW II	YJURY OCCUI	RED				
0	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, form, street fy)	t, factory, office	28f	LOCATION (Street a City or Town, State)	nd Number or	Rural Route Number,				
COMPLET		N: To the best of my knowle						couse(s) end manner as stated.				
TO BE CO	296. SIGNATURE AND TITLE OF CERTIFIER	Xevelo. x	(AV)	29c. LIC	CENSE NUMBER			SIGNED (Month, Day, Year)				
	30. NAME AND ADDRESS OF PERSON WHO,	CELD, MIN	TH (ITEM 27) (Type, Prin	BIREIT	RD #	12 LANA	HAM	MO 20706				
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA		ا الما عروات	V 71 &	-, / 11.3/	,					

Julia Davidson-Randall

GASTONIA BROOKS

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11-25-20

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	1 - STATE REGISTRAR				CERTI	FICATE			MENTAL HYG		9	2 0601	
	1. DECEOENT'S NAME (First, M	Widdle, Lest)	George V BRYANT	ernun	Bryan	t			2. DATE OF DEAT	и 08	YEAR 92	3. TIME OF OEATH 4:40PM M	
	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In)	yrs. last birthday	IF UNDER 1 1	UNDER 1 YEAR IF UNDER 24 HRS.		7. DATE OF BIRT	1		HPLACE (State or Foreign	
	577-18-9129		1 M 2 F	7	3 YRS.	MONTHS C	DAYS HO	JRS MIN.	(Month, Day, Ye		Coun	Washington, D.(
	9e. FACILITY NAME (If not insti	Itution, give st	reet and number)	•		9b. CITY, T	OWN OR LO	CATION OF O	0806 EATH	18 9c	COUNTY OF		
DIRECTOR	PRINCE GEO		HOSPITAL	AL CENTER CHEVERLY							PRINC	E GEORGES	
١	10e. STATE	10b. COUNTY			10c, C	ITY, TOWN OR	LOCATION					10d. INSIDE CITY	
5		Princ	e George	's	Ea	st Riv	erda.	_e				1 X YES 2 NO	
LONELAL	10e. STREET AND NUMBER						101. ZIP	CODE		10	g. CITIZEN OF	OF WHAT COUNTRY?	
	5507 59th Av	renue				20737					U.S.A	S.A.	
5	11. MARITAL STATUS 1 Never Married 2 AM		12. WAS DECEDED	T EVER IN U	I.S. ARMEO	ARMEO 13. WAS OECENOENT OF HISPAN If yes, specify Cuben, Mexican				y Yes or N	14. RAC	RACE — American Indian, Black, White, etc.	
	3 Widowed 4 Divorce		IF YES, GIVE WAR OR DATES WWII					NO Specif		,	Spe	city:	
		DENT'S EDUC	ATION		- 05050511							White	
	(Specify only h	highest grade	completed)		6a. OECEDENT (Give kind o life. Do NOT	f work done dur	ing most of	working	16b. KINO O	F BUSINES	SS/INOUSTRY		
	Elementary/Secondary (0-1: 12th Grade	2)	None		Plumbe				Too	al #5	=		
	17. FATHER'S NAME (First, Midd	dle, Last)	110110		1 Lumbe	1	10.	MOTHER'S NA	ME (First, Middle, M.			-	
	William L. B						10.		ine Jone		arrery .		
	19e. INFORMANT'S NAME (Type				19b. MAILIN	IG AODRESS (S	Street and N		Route Number, City of		ete 7in Codel		
	Iris Bryant	(Spou	se)						-			Land 20737	
	20a, METHOD OF DISPOSITION			20b. PI	LACE AND DAT						ON - City or T		
	12 XBuriel 2 ☐ Cremation 4 ☐ Donation 5 ☐ Other (S		val Irom State	Genete	ry, crematory or	other place)	on Ce	meters	02/12/0	22 16	lolohi	Maryland	
	A DONATURE OF FUNERAL	SERVICE LIC	ENSEE	1000	280 114	22. NA	ME AND A	DRESS OF FA	CILITY				
	D 1 1	7	. 1			Fran	ncis	Gasch'	s Sons I	uner	cal Hon	ne, P.A. Md. 20781	
23. P.M. I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiec or reapiratory errest, abock, or heart feiture. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):										Onset and Death			
		•											
- 11	PART ii. Other aignificant	conditions	contributing to	death but	not resulting		erlying ca	use given in	Pari-I. 24a. W	S AN AUTO	OPSY 24	b. WERE AUTOPSY FINGINGS	
	PART II. Other algorificant Severe	t conditions	contributing to		not resulting	In the unde	orlying ca	use given in	Ver PE	RFORMED	7	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE	
	PART II. Other aignificant Severe	conditions	contributing to			In the unde	orlying ca	use gleam in	Ver PE		7	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF CEATH?	
- 11	PART II. Other eignificant Severe Sepsin	t conditions	contributing to			In the unde	orlying ca	ise glymn in	Ver PE	RFORMED	7	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
	Severe Septis	COI	OD,			In the under	al	use given in	LURD VI	RFORMED	7	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF CEATH?	
	Sepsis	COI	PD,	ac	ule	In the under	26. PLACE	OF DEATH (Ch	PE VI	RFORMED	7	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF CEATH?	
	Schere Schrift Schri	COI	HOSPITAL:	CER/Outpatk	ent 3 DOA	OTHER:	26. PLACE g Home 5 lc. INJURY	OF DEATH (Ch	LURD VI	RFORMED	200	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF CEATH?	
	Schere Schere 25. WAS CASE REFERRED TO 1 EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pe	MEOICAL I	HOSPITAL:	CER/Outpatk	ent 3 DOA	OTHER: 4 Nursing	26. PLACE	OF DEATH (Ch	PE YI	RFORMED	200	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF CEATH?	
	Schole Schole Schole 25. WAS CASE REFERRED TO 1 EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pe 2 Accident Inv	MEDICAL proding vestigation	HOSPITAL: 10 Inpetient 2 [28a. DATE Of (Month, L) 28a. PLACE O	ER/Outpatk INJURY ay, 1/6st)	ent 3 DOA 28b. TI	OTHER: 4 Nursin	26. PLACE g Home 5 lc. INJURY WORK? t YES	OF DEATH (Ch	PE YI YI YI OKA ONIY ONE) 6 Other (Specify) 28d. DESCRIBE H	RFORMED S 2 14	NY OCCUREO	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF CEATH? 1 YES 2 MA	
	SCASE REFERRED TO I EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pe 2 Accident Inv 3 Suicide 6 Co	MEOICAL I	HOSPITAL: 10 Inpetient 2 [28a. DATE Of (Month, L) 28a. PLACE O	ER/Outpatk INJURY ay Year) A	ent 3 DOA 28b. TI	OTHER: 4 Nursin	26. PLACE g Home 5 lc. INJURY WORK? t YES	OF DEATH (Ch	PE YI	RFORMED S 2 14	NY OCCUREO	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF CEATH? 1 YES 2 MA	
- 11	SCASE REFERRED TO I EXAMINER? 1 YES 2 NO 27. MANINER OF DEATH 1 Netural 5 Per I Im 2 Accident Im 3 Suicide 6 Co	MEOICAL prinding evertigation build not be remined	HOSPITAL: Inpetient 2 20a. DATE (Month L	ER/Outpath INJURY ay, Year) F INJURY — etc. (Specify)	ent 3 DOA 28b. Ti	OTHER: 4 Nursing ME OF JUNEY MM streel, factory	26. PLACE g Home 5 lc. INJURY WORK? t YES	OF DEATH (Ch	PE YI	OW INJUR	NY OCCUREO	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF CEATH?	
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- 11	SCAPER REFERRED TO I EXAMINER? 1 YES 2 NO 27. MANINER OF OEATH 1 Netural 5 Pe 2 Accident 3 Suicide 6 Co 4 Homicide de 29a. CERTIFIER (Check only one) 2 MECICA	medical and medical me	HOSPITAL: 10 Inpetient 2 28a. DATE Of (Mogn) D 28e. PLACE Couldiding. CIAN: To the best of a	ER/Outpath INJURY ay/ Year) IF (NJURY — etc. (Specify) my knowled-	ent 3 DOA 28b. Ti 19 At home, term	OTHER: 4 Nursing ME OF BUILDY MM street, factory	26. PLACE g Home 5 tc. INJURY WORK? t YES , office	OF DEATH (Ch	PE Other (Specify 28d. OESCRIBE H 281. LOCATION (S City or Town, S to the ceuse(e) and time, date and place	OW INJUR	TY OCCUREO Tumber of Rural as stated, a to the cause(AVAILABLE PRIOR TO COMPLETION OF CAUSE OF CEATIN? 1 YES 2 Me Route Number,	
- 11	25. WAS CASE REFERRED TO I EXAMINER? 1 YES 2 NO 27. MANINER OF OEATH 1 Netural 5 Pe 2 Accident Inv 3 Suicide 6 Go 4 Homicide de Go 29b. SIGNATURE AND TITLE O	medical and medical me	HOSPITAL: 10 Inpetient 2 28a. DATE Of (Mogn) D 28e. PLACE Couldiding. CIAN: To the best of a	ER/Outpath INJURY ay/ Year) IF (NJURY — etc. (Specify) my knowled-	ent 3 DOA 28b. Ti 19 At home, term	OTHER: 4 Nursing ME OF QUURY M street, factory A road at the time ion, in my opin	26. PLACE g Home 5 tc. INJURY WORK? t YES t, office	OF DEATH (Ch Residence AT 2 NO 2 NO Disca, and due occured at the	PE Other (Specify 28d. OESCRIBE H 281. LOCATION (S City or Town, S to the ceuse(e) and time, date and place	OW INJUR	TY OCCUREO Tumber of Rural as stated, a to the cause(AVAILABLE PRIOR TO COMPLETION OF CAUSE OF CEATIN 1 YES 2 MACE Number, Route Number,	

OHMH-t8 Rev 1/89

		REGISTRAR		CE	RTIFICA	TE O	F DEATH	, men	REG. NO.			
		1. DECEDENT'S NAME (First, Middle, Last)						2. D.	ATE OF DEATH			3. TIME OF DEATH
		Helena	Vi	rgin	ia	Bar	nes	F	ëb. M	3,19	9529	
G	5	4. SOCIAL SECURITY 217-10-239 5-20-30-9730	5. SEX 8. AGE 1 M 2 F 8	(In yrs. lest b	YRS. MON	NOER 1 YEAR		7. DA	TE OF BIRTH Ignth, Day, Year) 1-28-10	0	Country)	LACE (State or Foreign
lr. 5	стон	90. FACILITY NAME (If not institution, give s 701 Glenwood S RESIDENCE OF DECEDENT		610			N OR LOCATION OF		20 1	9c. COUN	TY OF DE	
74. 2 57 EW	DE L	10e. STATE 10b. COUNT	1		IOc. CITY, TO	WN OR LOC	ATION					
permit. Pag	- DIREC		Arundel	i	Annap							10d. INSIDE CITY LIMITS? 1 K YES 2 NO
<u> </u>	FUNERAL	10e. STREET AND NUMBER				1	10f. ZIP CODE			10g. CITIZ	EN OF W	HAT COUNTRY?
trans	N.	701 Glenwood S	treet Apt. 12. WAS DECEDENT EVER I				21401				SA	
ing pl		1 Never Merried 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 NO		If yes,	ECENDENT OF HIS specify Cuben, Max ES 2 NO Spe	ican, Puai	ORIGIN? (Specify Yes or No			- American Indian, White, etc. White
r attend use as		15. DECEDENT'S EDU (Specify only highest grade	CATION COMPRISED	16a. DECE	DENT'S USUA	L OCCUPAT	TION	T	16b. KIND OF BUS	INESS/INDU	JSTRY	
D 21 spital or ned for u	COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do	okkee	ed.)	most of working		Nation	al D	rowi	ing Co.
AND the hospit detached	O	17. FATHER'S NAME (First, Middle, Last)			OMMEC	PCI	18. MOTHER'S		st, Middle, Maiden S		rewl	ing co.
2 8 8 E	BE C	Dr. Harry Barn	es					ice		annana,		
MARYI retained by 5 should be	TO B	19e. INFORMANT'S NAME (Type/Print)		19b. A	IAILING ADD	RESS (Street	t and Number or Ru			, State, Zip	Code)	
De re	F	Rebecca Arthur										MD 21061
ALTIMORE, death. Page 6 may be the thinking the form of the following th	,	20a. METHOD OF DISPOSITION 1 Burial 2 Cremetion 3 Rem. 4 Donation 5 Other (Specify)		netery, crema	DATE OF DIS	POSITION (Neme of		ATE 20c. LOC	ATION — C	ity or Tow	n, State
Page al dir		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE,	Mary's Cemetery 22. NAME AND ADDRESS OF FACILITY							LIS	, MD
. 0 =	Ш	* Oatuk	I Could I			12	esty Fu Ridgely	7 A 17	e. Ann	anol	is.	MD
P.O. BOX 68760, th certificate be executed within 24 nours ending physician and completely filled in I Hygiene prior to burial, cremation, or no or other traumatic event, the med	CERTIFICATION	23. PART I. Entar the diseases, of shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (OR AS A	CONSEQUE	INCE OF):	Inna 12p	C	12	ardiac or raspir	atory arra	\$ t,	Approximate interval Between Onset and Death
RECORE requires that the speed signed by to the Health and shows any in	: MEDICAL	PART II. Other significant condition	contributing to death b	ut not rast	ulting in the	undariyli	ng causa given	in Part I.	24a. WAS AN A PERFORM	AED?	0	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO DMPLETION OF CAUSE OF DEATH? YES 2 NO
TAL The law tre has the are Dept em 23	SICIAN	25. WAS CASE REFERRED TO MEDICAL				26 5	PLACE OF DEATH	Chaol:	1			
F = = = =	Sic	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outp	ontlant 2 []		IER:						
마 음 등 등	РНУ	27. MANNER OF DEATH	28a. DATE OF INJURY		Bb. TIME OF INJURY	-	me 5 Residenc	-	ESCRIBE HOW IN	HIRY OCCI	IDEO	
ON OING PHYS Affer this death with	ВУР	1 Neturel 5 Pending 2 Accident Investigation	(Month, Day, Year)		A	1 U	YES 2 NO					
ISI TTEN TOR: after	ETED	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, atc. (Spec	— At nome,	farm, street,	factory, offi	ica	26f. L	OCATION (Street an ity or Town, State)	d Number a	r Rural Rou	te Number,
	COMPL	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC DISCOURSE CONTROL OF CONT	CIAN: To the best of my knowl R: On the beals of examination	ledge, death	occurred at the	ne lime, det	la and place, end d death occured at ti	ue to the d	cause(a) and mann Ite and place, and	due lo tha	f. cause(a) a	nd manner as stated.
TO THE HOSPITAI TO THE FUNERAL DE FINE WITHIN 72 IMPORTANT: IF	TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER	~				29c. LICENSE N	UMBER 76		12/	SIGNED (M	foriti, Day, Year)
		2,568 A	Kiva F	d	K	Inn	ap Y	SIR	liebma	401	12.	
		31. DATE FILED (Month, Day Year)	22. REGISTBAR'S SIGN	URE .								

THE PARTY OF THE PARTY OF THE PARTY.

	1. DECEDENT'S NAME (First, Middle, Last)	9.4	0	E OF DEATH		REG. NO.	3. TIME OF DEA
	Levoy M	ilton	13uf1	SIN	MONTH	18 9	YEAR /5
	1127 - 100 Saldel	SEX B. AGE ((in yrs. last birthday) IF UNDE	R 1 YEAR F UNDER 24 I	HRS. 7. DATE O		B. BIRTHPLACE (State of F
<u>α</u>	9a. FACILITY NAME (It not institution, give street		10 9b. CIT	Y, TOWN OR LOCATION	OF DEATH	9c. COUN	TY OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT	undel or	ntubay	ANI	VAPO	/13	MA
DIRE	10a. STATE 10b. COUNTY	4	10c. CITY, TOWN	OR LOCATION			10d. INSIDE CIT LIMITS? 1 YES 2
RAL	10e. STREET AND NUMBER	OL ON RI	NV R	101. ZIP CODE	4/1/2	10g. CITIZ	EN OF WHAT COUNTRY?
FUNERAL		WAS DECEDENT EVER IN FORCES? 1 X YES	NUS. ARMEO 13.	WAS DECENDENT OF H	IISPANIC ORIGIN?	(Specify Yea or No	14. RACE — American Ind
B	1 Never Merried 2 Merried 3 Divorced	FORCES? 1 YES		If yes, specify Cuban, N 1 YES 2 NO	Aexicen, Puerto Ri Specity:	cen, etc.)	Black, White, etc.
ETED	15. DECEOENT'S EOUCATH (Specify only highest grade com	npleted)	16a. OECEDENT'S USUAL C (Give kind of work done life. Do NOT use retired.)	CCUPATION during most of working	16b.	KINO OF BUSINESS/INDU	ISTRY
COMPLE	Elementary/Secondary (0-12)	college (1-4 or 5+)	Netir	ed	1		
E CO	17. FATHER'S NAME (First, Myddle, Last)	10 071770		18. MOTHER	S NAME (FIRE) MI	ddle, Maiden Surname)	10
TO BE	194 INFORMANT'S NAME (Type Print)	Wini	196 MAILING ADORES	S (Street and Number or I	Rural Boute Numbe	c, City or Town, State, Zip C	Code)
	20m METHOD OF DISPOSITION	20b.	PLACE AND DATE OF DISPO	ITION (Name of	OATE	20c. LOGATION — CI	lity or Traves State
	1 Peurlel 2 Cremetion 3 Removal 4 Donetion 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENS	from State	eterly, cremetory of differ place,	4NS 2	1-24-4	2 Crow	MSVILLE
	A A P PO	E Hink	III II	NAME AND AODRESS C	OF FACILITY	1)	MI
	23. PART I. Enter the diseases, or com	plications that csused	I the death. Do not anter	the mode of dving.	such as cardle	ec or respiratory arre-	+1/ 1 C1
			4 44			or inchitatory array	st, Approxim
1 1	iMMEDIATE CAUSE (Finel disease or condition	Only one cause on ee	ech line.	,			Interval B Onsat and
	iMMEDIATE CAUSE (Finel	Acuke	COMPROUNCE OF):	,	77	Ailur	Interval B Onsat and
TION	iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions,	Acute Todas	Rosa Rosa	,	77		Interval B Onsat and
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ED BY PHYSICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions condi	OUE TO (OR AS A	CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): ut not resulting in the under the constant of the consta	26. PLACE OF DEATH 3: Bing Home 5 Reside 28c. INJURY AT WORK? 1 YES 2 NO	n in Part i. 2 H (Check only one) 26d. DESC	A I LUV 24a. WAS AN AUTOPSY PERFORMEO? 1 YES 2 NO	24b. WERE AUTOPSY F AMAILABLE PRIOR COMPLETION OF 0 OF DEATH? 1 YES 2 1
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ETED BY PHYSICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions condi	OUE TO (OR AS A OUE TO (OR AS A	CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): Ut not resulting in the unit not not not not not not not not not no	26. PLACE OF DEATH 28. INJURY AT WORK? 1 YES 2 NO ory, office	n in Part i. 2 H (Check only one) once 6 Other (26d. DESC 281. LOCAT City or	PAILUY PARIS AN AUTOPSY PERFORMEO? I YES 2 NO Specify) RIBE HOW INJURY OCCU TON (Street and Number or Town, Stete) (a) and manner as stated and place, and due to the or	24b. WERE AUTOPSY FI AMAILABLE PRIOR COMPLETION OF COP DEATH? 1 YES 2 1

92 06014 Ling Thilter But Rich I Frederichter Hangerin 713 Morde Hespinden Halone Towns Depthy Delected 1972

YEAR

9c. COUNTY OF CEATH

ALLEGANY

10g. CITIZEN OF WHAT COUNTRY?

United States

White

14. RACE — American Indian, Black, White, etc.

1992

3. TIME OF DEATH

10d. INSIDE CITY

1 YES 2 NO

Approximate

WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE

OF DEATN? 1 YES 2 NO

29d. DATE SIGNED (Month, Day, Year)

2/25/9

Intarval Batween

Onset end Death

a. BIRTHPLACE (State or Foreign

19:32 PM

REG. NO

21

2. DATE OF OEATH MONTH

02

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

MARY ELLEN BERGDOLL

1

4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 1 M 2 F 218 60 1310 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH SACRED HEART HOSPITAL DIRECTO CUMBERLAND, MARYLAND Pages 1, 2, RESIDENCE OF DECEDEN toe. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Hardy Rig for use as the burial-transit permit, FUNERAL 10e. STREET AND NUMBER 10f, ZIP CODE Rt. 1 Box 207 26854 24 Tours after death. Page 6 may be retained by the hospital or attending physician. filled in by the funeral director, page 5 should be detached for use as the burial-fran 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 WNO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 □ YES 2 ☒ NO Specify: 1 Never Married 2 Merried BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEOENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) 7 th College (1-4 or 5 +) Homemaker n/a 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Melden Surname) Adam Crites notified at Joanna Jenkins 图 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) George Bergdoll same 9 20s. METHOD OF DISPOSITION
1X Burlet 2 Cremetion 3 Removat from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must Crites-Eye Cemetery
Crites-Eye Cemetery 4 Donation 5 Other (Specify) 2-24 Rig, examiner 21. SIGNATURE OF FUNERAL BERVICE 22. NAME AND ADDRESS OF FACILITY Elmore-Chambers Funeral Home 217 Win Ave, Mfld, WV 26836 the medical this certificate has been signed by the attending physician and completely filled in by it with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or remo 23. PART I. Enter the diseases, complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failu List only one cause on each line. **IMMEDIATE CAUSE (Final** disease or condition event. resulting in death) DUE TO JOR AS A CONSEQUENCE OF traumatic CERTIFICATION Sequentielly list conditione, DUE TO (OR AS A CONSEQUENCE OF it any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST HF 10 injury, PART il. Other eigniticant conditione contributing to deeth but not reculting in the underlying ceuee given in Part i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 23 shows any 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL Item 26. PLACE OF DEATN (Check only one) EXAMINER? HOSPITAL: OTHER: 1 TYES 25 NO 1 Sinpetlant 2 - ER/Outpetlent 3 - DOA 4 Nursing Home 5 Residence 8 Other (Specify) 10 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) marked, 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending BY 1 YES 2 NO Affer 2 Accident 28a. PLACE OF INJURY — At home, term, street, factory, office building, stc. (Specify) 3 Sulcide 60 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED DIRECTOR: Nours after of 28 4 Homicide MPORTANT: If Item 29a. CERTIFIER 1 CERTIFYING PNYStCIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. FUNERAL C 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, 291. LICENSE NUMBER 46 표 BE real 223 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print 9000 32. REPOSTRANTE EIGHATURE
FILME Sandson-Rande De

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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N: The	ficate h	State	Item
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HYSIC	nis cert	with the	ed, or
DING PHYSIC	After this cert	death with the	marked, or
ATTENDING PHYSIC	ECTOR: After this cert	s after death with the	n 28 is marked, or
AL OR ATTENDING PHYSIC	AL DIRECTOR; After this cert	72 hours after death with the	if item 28 is marked, or
HOSPITAL OR ATTENDING PHYSIC	FUNERAL DIRECTOR: After this certi	within 72 hours after death with the	TANT: If item 28 is marked, or
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within yar giver death. Page 6 may be retained by the hospital or attend	TO THE FUNERAL DIRECTOR: After this cardificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as	e filed within 72 hours after death with the	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH REG. NO.											
1. OECEDENT'S NAME (First, Middle, Last) LILLIAN	MARGUERI	TE	CHEN					2. DATE OF DEATH	5, 1	9%		
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In	yrs. lest birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH		8. 8		
213-09-8556	1 🗆 M 2 原配	ALE	89YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) 06/08/0	2	0		
9a. FACILITY NAME (If not institution, give		9b. CITY, TOWN OR LOCATION OF DEATH					9c. CO	UNTY				

	1. OECEDENT'S NAME (First,	Middle, Last)	-							2. DATE OF D	EATH			3. TIME OF DEATH	
:	LILLIAN		MARGUERI	TE	CHEN					2 Fe	b.1	6 19	992	11:00 P.M	
стов	4. SOCIAL SECURITY NUME	ER	5. SEX	6. AGE (In yrs.	lest birthday)	IF UNDER				7. DATE OF BIRTH (Month, Day, Year)			8. BIRTHPLACE (State or Foreign		
	213-09-8556 1□M2 \(\text{PEMALE} \)				89YRS.	MONTHS	DAYS	HOURS	HOURS MIN. (MORE		08/0)2	Country) MARYLAND		
	9a. FACILITY NAME (If not institution, give street and number)					9b. CITY	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH						DEATH		
OR		412 OAK HILL COURT					WESTMINSTER CARROI						LL		
COMPLETED BY FUNERAL DIRECTOR	RESIDENCE OF DEC	10b, COUNTY			100 00	TY, TOWN OR LOCATION 10d. INSIDE								10d. INSIDE CITY	
	MD		WESTMINSTER							LIMITSYES 1 YES 2 NO					
	412 OAK H			10	f. ZIP COD		157		10g. CITI	ZEN OF	U.S.A.				
	11. MARITAL STATUS	ARMEO	13.	WAS DE	CENDENT (OF HISPAN	IIC ORIGIN? (Sp n, Puerto Rican	ecify Yes	or No-	14. RACI Blac	E — American Indien, k, White, etc.				
	1 Never Married 2 Married 3 Wildowed 4 Wildowski e G							2 NO	Specify		, 5154)		Spec	WHITE	
	16. OECEDENT'S EDUCATION 16a. OECEDENT'S USUAL OCCUPATION 18b. KIND OF BUSINE									I SINESS/IND	USTRY	***************************************			
ETE	(Specify only Elementary/Secondary (C	y highest grade	completed) College (1-4 or 5	+)	(Give kind of life, Do NOT u	The kind of work done during most of working e. Do NOT use retired.)									
PL	9			"	CLERE	ζ					FU	JRNIT	URE	STORE	
0	17. FATHER'S NAME (First, M	liddle, Last)						18. MOT	HER'S NA	ME (First, Middle					
BE C	THOMAS LO	NG				_			VA	LERIE	ZIMN	MERLY	LY		
TO B	19a. INFORMANT'S NAME (ype/Print)			19b. MAILIN	ADDRES	S (Street	and Numbe	r or Rural I	Route Number, C	ity or Tow	n, State, Zip	Code)		
F	ARLENE HA	MILTON			333	MARY	AV	ENUE		WESTMI	NSTE	ER		MD 21157	
	20e. METHOD OF DISPOSIT	ION B	URIAL	20b. PLA	CE OF DISPO	SITION (N	ame of ce	emetery, crea	matory or		20c. LO	CATION —	City or To	own, State	
	4 Donation 5 Other	DAVIS	MEMORIAL CEMETERY NORTH BRANCH, MD												
	21. SIGNATURE OF FUNERA	L SERVICE LIC	. W	De	/	22.	NAME A	ND ADDRE		CILITY ON BRID			RTZI	LER & SONS	
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximets														
	shock, or heert fallure. List only one cause on each line. IMMEDIATE CAUSE (Final														
	disease or condition Acute Myocardial Infarcti							tion					Dudden		
	DUE TO (OR AS A CONSEQUENCE OF):														
Z	Cognestially list condit														
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause, Enter UNDERLYING														
2	CAUSE (Disease or Inju		DUE TO	DUE TO OR AS A CONSCIUENCE OF.											
E	thet initiated events resulting in death) LAST														
5			d											+	
4	PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED?									24	b. WERE AUTOPSY FINOINGS AVAILABLE PRIOR TO				
5	Hyper							1 TYES 2 1 NO			COMPLETION OF CAUSE OF DEATH?				
AEC											1 YES 2 NO				
- 1															
N	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:														
PHYSICIAN: MEDICAL	1 TES 2 NO		HOSPITAL:	☐ ER/Outpetien	3 🗆 DOA	4 Nu	R: rsing Ho	me 5 0 R	lesidence	a 🗆 Other (Sp	ectly)				
ВУ РН	27. MANNER OF OEATH 1 Netural 5 2 Accident	28b. Ti	ME OF IJURY M	IRY WORK?											
9	3 Suicide 6 4 Homicide	t home, farm,	home, farm, street, factory, office 28t					28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
DMPLET	29a. CERTIFIER (Check only) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated.														
N N	MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(a) and manner as stated.														
O	29b. SIONATURE AND TITLE	OF CERTIFIE						29c. LIC	ENSE NU	MBER		29d, DAT	E SIGNE	D (Month, Day, Year)	
BE	1 - Caricale M					D906					▶ 02/17/92				
2	30. NAME AND ADDRESS O	F PERSON WH		USE OF DEATH (ITEM 27) (Typ	e, Print)		1 - / (-/	175	
	J.H. Caricofe, M.D., P.O. Box 1110, Union Bridge, MD 21791-1110 3. Registrar's signature FFR 2 4 '92 Julia Davidson-Aendele														
	ST. DATE FILEO (Month, Day,	Year)	32. REGISTS	AR'S SIGNATUR	E	, 01.	2011	AP 44 (4)		- 100	171-	1110			
	FFB 2 4 '9	2	Felia Do	widson-A	indell										

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPAR	TMEN	T OF HEALT	H AND M	ENTAL HYGIEN		92 0601				
	1. DECEDENT'S NAME (First, Middle, Last) Walter P. C	ooper		PEG. NO	3. TIME OF DEATH								
	4. SOCIAL SECURITY HUMBER 244426639	# UNDE			7. DATE OF BIRTH (Month, Day, Year) 5-12-3	- 1	BIRTHPLACE (State or Foreign Country)						
TOR	9a. FACILITY HAME (If not institution, give stree WASHINGTON ADVENT	· ·			Y, TOWN OR LOCA KOMA PAR		9c. COUNTY OF OEATH MONT. CO						
DIRECTOR	Maryland Prince	e George's			10d. IHSIOE CITY LIMITS? 1 X YES 2 HO								
FUNERAL	7618 Burnside Rd	19 Man Open Print Supply Annual			10f. ZIP CO 2078	35		USA	EN OF WHAT COUNTRY?				
À	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 ☐ YES 2 IF YES, GIVE WAR OR DATES	⊕NO	13.	WAS DECENDENT If yes, specify Gui 1 YES 2 200	ban, Mexican,	ORIGIN? (Specify Ye Puerto Rican, etc.)	4. RACE — American Indian, Black, White, etc. Specify: BLJK					
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co	mpleted) Callege (1-4 or 5+)	Give kind of life. Do NOT us	vork done e retired.)	during most of worl	kling	16b. KIND OF BUSINESS/INDUSTRY GOVT						
TO BE COM	17. FATHER'S NAME (First, Middle, Last) UNKNOWN				C	18. MOTHER'S NAME (First, Middle, Maiden Surname) Ola Canady							
TO TO	19a. IHFORMANT'S HAME (Type/Print) Rose Cooper 19b. MAILIHG ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 7618 Burnside Rd, Landover Rd, 20785												
examiner must	20b. PLACE AND DATE OF DISPOSITION (Name of 1 State 2 oc. LOCATION — City or Town, St												
CERTIFICATION	23. DATE I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or havri fellure. List only one cause on each line. Approximate interval Between Onset and Daati onset												
snows any inju	PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. PERFORMED? 1 YES 2 700 0F 0 1 1												
YSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1												
COMPLETED BY PHY	27. MANNER OF DEATH 1 Hetural 5 Pending 2 Accident Investigation	28a. DATE OF IHJURY (Month, Day, Year)	28b. TIME OF 28c. IN.			UURY AT 28d. DESCR		ESCRIBE HOW INJURY OCCURED					
	3 Suicide 8 Could not be determined	nd Number or Rural Route Number,											
- 1	CERTIFIEN (Check only one) CERTIFINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cruse(a) and manner as stated. Description CERTIFINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cruse(a) and manner as stated. Description CERTIFIEN CERTIFIEN CERTIFIEN CERTIFIEN Description CERTIFIEN CE												
TO BE	30 HAME ANT ADDRESS OF PERSON WHO C				29c. LIC	1989	9/ 29d. DATE SIGNED (Month, Day, Year) ≥ 2/7/9/2						



31. DATE FILED MOND. Day, 1007) 1992

30. HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

ADVA GRAVE B. DABELA M.D 4404

32. HEGISTAR SIGNATURE

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E	INFRAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the
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	OSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours afti

NEGIS ITOM				CENTIF	ICATE	- 01	DEA	I ITI		HEG. NO.					
1. DECEDENT'S NAME (First								2. DATE OF DEATH DAY			3. TIME OF DEATH				
Graham				Creelman					172			92	6:45 Am		
	4. SOCIAL SECURITY NUMBER			s. last birthday)	IF UNDER	1 YEAR		24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 6/23/10			BIRTHPLACE (State or Fore Country)			
212-03-8487		1 🔀 M 2 🗆 F	81	YRS.			100000	1241.		/10			nesota		
	9a. FACILITY NAME (If not institution, give etreet and number)					9b. CITY, TOWN OR LOCATION OF DEATH					9c. COUNTY OF DEATH				
9977 Good	9977 Good Luck Rd. Apt 102					Seabrook						Prince George's			
10a. STATE							ATION						10d. INSIDE CITY		
Maryland													LIMITS?		
10s. STREET AND NUMBER		101. ZIP CODE					10g. CITIZEN			WHAT COUNTRY?					
9977 Good				20706				Uni	ted	States					
11. MARITAL STATUS	S. ARMED 13. WAS DECENDENT OF HISPANIC					IIC ORIGIN?	(Specify Yee	or No-	14. RAC	ACE — American Indian,					
1 Never Married 2 Merried FORCES? 1 YES 2					NO If yes, specify Cuben, Mexican 1 YES 2 NO Specify.					.,			k, white, arc. My: White		
	3 Wildowed 4 Divorced						24						- WHILE		
15. DE (Specify or	160	16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working				16b. KIND OF BUSINESS/INDUSTRY			DUSTRY						
	Elementary/Secondary (0-12) College (1-4 or 5+)			life. Do NOT use retired.)											
	10th N/A			Mechanic					University of Maryland				aryland		
	17. FATHER'S NAME (First, Middle, Last)											E (First, Middle, Meiden Surneme)			
George E.		an							ne Pe						
Jean Creelm				196. MAILING	Good	S (Street	and Number	or Rural R	+ 102	Seah	n, State, Zi	Code) Md	20706		
				9977 Good Luck Rd. Apt 102 Sea											
204 METHOD OF DISPOSI 1 D-Burlel 2 Cremati	on 3 🗆 Rem	oval from State		b. PLACE AND DATE OF DISPOSITION (Name of metery, crematory or other piece)							CATION —				
	4 Donation 6 Other (Specify) for 21. SIGNATURE OF FUNERAL SERVICE LICENSEE						rt Lincoln Cemetery 02/11 Brentwood, Maryl								
Fort Linco								lnFu	neral	Home	, In	С.			
7. 6	3401 Bladensburg Rd. Brentwood, Md. 20722														
23. PART I. Enter the	diseesea, pr	Descriptions the	t caused the	death. Do	not enter	the m	ode of dy	ing, such	h as cardie	c or raspl	ratory ar	reat,	Approximata		
ahock, or heart failure. List only one ceuse Dn each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Respiratory Failure DUE TO (OR AS A CONSEQUENCE OF):													Interval Between Onset and Deat		
												Prolonge			
i country		DUE TO	(OR AS A CO	SEQUENCE O	F):								Troinge		
		Chronic	Obstr	uctive	Lun	g D	iseas	e					10/30/90		
Sequentially list condi	diate	DUE TO	(OR AS A COR	SEQUENCE O	OF):								1 2 2 2 2 2		
CAUSE (Disease or ini	rING Urv	c Congest	ive He	art Fa	ilur	e									
that initiated events	that initiated events DUE TO (OR AS A CONSEQUENCE OF):														
Toolding III desicity Ex	d. Ventricular Arrhythmias														
PART II. Other signific	ant condition	s contributing to	death but n	ot resulting	in the ur	nderlyi	ng cause o	iven in i	Part I. 2	4a, WAS AN	AUTOPSY	24b	. WERE AUTOPSY FINDINGS		
Alzheimer	1.5 1.77						PERFORMED?			MAILABLE PRIOR TO COMPLETION OF CAUSE					
						_ '	1 □ YES 2XXNO			DF DEATH?					
									1 TES 2 NO						
25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)															
1 YES 2 NO	EXAMINER? HOSPITAL: OTHER:														
27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED															
	XXXINaturel 6 Pending (Month, Day, Year) INJURY WORK?														
2 Accident investigation 28a PLACE OF IM HIRD At home from short factors will be a constitution of the con									or Rural I	Soute Number					
4 Homicide	Dullding, atc. (Songly)										0. 7.00.01	Total Terribes,			
290. CERTIFIER WET OF	TIPVINA BUNAL	anni el ini a		0.1250								_			
The state of the s		CIAN: To the best of													
-	2 MEDICAL EXAMINER: On the peace of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(e) end manner as stated.) end manner as stated.		
SAN EMMACANE WHO LLLP	29c. LICENSE NUMBE				BER 29d. DATE SI			E SIGNED	GNED (Month, Day, Year)						
D24712								712	February 11, 199						
16. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)															
Dr. Joseph Robinson, 10274 Lake Arbor Way, # 205, Mitchelville, Maryland 20721 31. DATE FILED (Month, Day, Your) 32. REGISTRAN SSIGNATURE Purchas Davidson—Randall															
		32. REGISTRA	David Acon	Pandal	2										
FEB 1	الكال	1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						·						
													DHMM 45 Bay 5		



DIVISION OF VITAL RECORDS, P.O. BOX 68764, BALLIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. The find within 70 hours after death with the State Dent of Heath, and Mental Horizone notor to burial compation, or removal
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

							(32	06019
	FOR STATE REGISTRAR	STATE OF MARYLAND /	DEPARTM ERTIFICA			ENTAL HYGIEN	E		
1	1. DECEDENT'S NAME (First, Middle, Last)		0:-		~	2. DATE OF DEATH MONTH DA	W	YEAR 3	. TIME OF OEATH
	4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE (In vrs. Ins.	CLE	4RY	20.	02 0	7 9	72	1:15 P M
		SEX 6. AGE (In yrs. lead	YRS. MON	THE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPL Country)	LACE (State or Foreign
	9e. EACILITY NAME (If not institution, give etreet		9b.	CITY, TOWN O	R LOCATION OF DEA	<u>9-20-27</u>	9c. COUN	Nev	w York
DIRECTOR	RESIDENCE OF DECEDENT	LAND HOSPITA	AL		LINTON	/	PRIM		GEORGES
DIRE	Md. Princ	e George's	5-4.	andyw					Od. INSIDE CITY LIMITS? YES 2 NO
	10a. STREET AND NUMBER	c ocorde b	DI		ZIP CODE		10g. CITIZ		AT COUNTRY?
FUNERAL	7512 Earnshaw	Drive			20613			USA	4
5	11. MARITAL STATUS 12 1 Never Married 2 Married	2. WAS DECEDENT EVER IN U.S. ARI FORCES? XXYES 2 N			ENDENT OF HISPANIC	ORIGIN? (Specify Yee Puerto Rican, etc.)	or No-	14. RACE - Black, Y	- American Indian, White, atc.
BY	3 Wildowed 4 X Divorced	IF YES, GIVE WAR OR DATES		1 TYES	XX NO Specify:		Specify:	White	
8	15. DECEDENT'S EDUCATI (Specify only highest grade con		CEOENT'S USU			16b. KIND OF BUS	SINESS/INDI		
E	Elementary/Secondary (0-12)		ve kind of work of Do NOT use reti	oone auning mos red.)	st of working				
COMPLETED	9		ruck	Drive			nan B	roth	ers
	17. FATHER'S NAME (First, Middle, Last)					E (First, Middle, Meiden			
BE	William F. Clea 190. INFORMANT'S NAME (Type/Print)		, MAILINO ADD	RESS (Street a		M. Cool		Code)	
2	19e. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Martha O'Neil 601 Leesville Rd., Lynchburg, Va. 2								502
	20a. METHOD OF DISPOSITION 1 [XBurlel 2 Cremetton 3 C Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, cremetory or other place) 2 - 12 - 9 2 T 20c. LOCATION - City or Town, State								
	4 Donation 5 Other (Specify)	Md . S	State	Veter	ans Cem	Ch	elte	enham, Md. cal Home, Inc.	
	21. SIGNATURE OF RUNERAL SERVICE LICENS	1/1/2		22. NAME AN	O ADDRESS OF FACI	Lee Fu	nera	1 Ho	me, Inc.
	flower //	7				xander F			10
	23. PART i. Enter the disesses, or com shock, or heart fellure. List	nolicationa that caused the de- t only one cause on each line.	ath. Do not e	nter the mo	de of dying, such	ss cardiac or reapi	ratory srre	st,	Approximata Interval Between
	IMMEDIATE CAUSE (Final disease or condition	11/5	UETIC	Tralex	/		Onset and Death		
ł	reaulting in death) s	RESPIRATED DUE TO FOR AS A CONSEC	UENCE OF:	1 1 3	ما المرار	IENDY			JENGGE WY
_		DUE TO (OR AS A CONSEQUENCE OF): NEUMONIA + ASPIRATION							2/
2	Sequentially list conditions, Due TO (OR AS A CONSEQUENCE OF):								1 - 1
RTIFICATION	CAUSE (Disease or Injury								11
E	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEC	UENCE OF):						i l
CE	d								1
ÄL	PART II. Other significent conditions of	ontributing to death but not re	Oli A	e underlying	ceuse given in P	art i, 24a. WAS AN PERFOR		Al	YERE AUTOPSY FINDINGS MAILABLE PRIOR TO
MEDICAL	6/0 60 0114 676	TOURL EN	OFH MU	ny t	MAN	1 1 VES 2	PNO		OMPLETION OF CAUSE OF DEATH?
Y	ESOT HAGEC	10MY + HIS	YNG	50701	4y	- "		1	☐ YES 2 ☐ NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	MANCE WILLIAM	Zeme	20 PL	ACE OF DEATH (Chec	r only one)			
SIC		OSPITAL: □ Inpatient 2 □ ER/Outpatient 3		HER: Nursing Home	5 Residence 8	Other (Specify)			
E	27. MANNER OF DEATH	28e, OATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJU		Red. DESCRIBE HOW I	NJURY OCC	UREO	
BY	1 Natural 5 Pending 2 Accident Investigation				ES 2 NO				
G	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At hor building, etc. (Specify)	ne, farm, atreet	, tectory, office	1	City or Town, State)	nd Number (y Rural Rou	te Number,
COMPLETED	29e. CERTIFIER 1 CERTIFYING PHYSICIAL	N: To the heat of my knowledge de	with account of the	the time dec	and all in a side of				
AMC		N: To the best of my knowledge, dea On the beels of examination end/or is							ind manner as stated.
	296 SANATUSE AND TITLE OF CERTIFIER				29c. LICENSE NUMB				fonth, Day, Year)
BE C	Uklian 6. PM	21118/1 H	<i>(1)</i>		003	776(MD)	•	211	2.99
2	30. NAME AND AGORESS OF PERSON WHO C	OUR EYED CALCE OF OF ATURE	<i>f</i>					- 1	10

D0 0



FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	-	CERTIF	ICATE OF	DEATH	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATN		3. TIME OF DEATN		
	VIRGINIA	J. COL	JSER			02 17	92	5:30 AM		
	4. SOCIAL SECURITY NUMBER		GE (in yrs. lest birthdey)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH				
	244-54-9430	1 🗆 M 2 🖳 F		MONTHS DAYS	HOURS MIN.	(Month, Day, Year) Oct. 2	1937	TARBLINA		
~					R LOCATION OF DEA	ATN	9c. COUNTY OF			
Ö	GLADYS SPELLMAN N	IURSING CARE	E CENTER	CHEVE	RLY		PRINCE	GEORGE'S		
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	,								
프				Y, TOWN OR LOCATI	ON			10d. INSIDE CITY LIMITS?		
0	Maryland Prin	nce George	e's	Landov	er			1 VES 2 NO		
₹	100. STREET AND NUMBER			101.	ZIP COOE			F WHAT COUNTRY?		
E	1207 Capital	View Dri	ve		20785		τ	JSA		
FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS DECEDENT EVE	R IN U.S. ARMED	13. WAS DECE	NDENT OF NISPANI	C ORIGIN? (Specify Yes	or No.— 14, RA	CE — American Indian,		
IL.	1 Never Married 2 Merried	FORCES? 1 Y		If yes, spe	cify Cuben, Mexicen.	, Puerto Rican, etc.)	Ble	nck, White, etc.		
BY	3 Wildowed 4 🔀 Divorced	ii res, dire wan o	N DATES	I U YES	2 NO Specify:		Sp	•c//y: Black		
0	15. DECEDENT'S EDU	CATION	18e. DECEDENT'S	USUAL OCCUPATION	N	16h KIND OF BUS	SINESS/INDUSTRY			
	(Specify only highest grade Elementary/Secondary (0-12)		(Give kind of v	work done during mos se retired.)	t of working					
7	12th	College (1-4 or 5+)	Hous	sewife		PU	/Τ.			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)									
ö	Robert Charle	s Grier N	Jeal			he Armst				
BE		or or re-								
2	190. INFORMANT'S NAME (Type/Print) Harvey Couse:		19b. MAILING	ADDRESS (Street an	d Number or Rural Ro	oute Number, City or Town	n, State, Zip Code)			
-	narvey couser	•	652.	2 Colum	bla Ter	race Lan	dover,	MD20785		
	20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State									
	4 Donation 5 Other (Specify)	Over Hom State	remetery, cremetory or of Harmony	Memori	al Park	2-22 La	ndover	, Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY TONK IN S. FILIP AT 21 HOMO									
1	> Youm IVSIII	C. Bus	110							
	Sychieteleg							r,MD20785		
	23. PART i. Enter the diseases, or a	Dist only one cause of	sed the deeth. Do r	not enter the mod	le of dying, such	ss cerdlec or respi	retory arrest,	Approximate		
	shock, or heart failure. List only one ceuse on each line. IMMEDIATE CAUSE (Final Onset and Death									
	disease or condition									
	resulting in deeth)	OUE TO (OR A	AS A CONSEQUENCE OF	FI:						
- 1								İ		
CERTIFICATION	Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF):									
A	If any, leading to immediate cause, Enter UNDERLYING									
윤	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):									
E	resulting in deeth) LAST									
9	d									
	PART II. Other significant condition	s contributing to deat	h but not resulting l	in the underlying	cause given in P	Part I. 24s. WAS AN	AUTOPSY 2	4b. WERE AUTOPSY FINDINGS		
EDICAL	Aute Level	Foilur				PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE		
	Leonetory	1 YES 2	□ NO	DF DEATN?						
Σ	Despera	tallure				-		1 TES 2 NO		
Z										
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLA	ICE OF DEATH (Chec	ck only one)				
ls!	1 TES 2 NO	1 Inputient 2 ER/C	Outpatient 3 DOA		5 - Rasidence 8	Other (Specify)				
PHYSICIAN:	27. MANNER OF DEATN	28a. DATE OF INJUI		E OF 28c. INJU		28d. DEŞCRIBE NOW IN	JURY OCCURED			
BY F	1 Natural 5 Pending	(month, buy, lot	, ING		ES 2 NO					
	2 Accident investigation 3 Suicide 8 Could not be	28a. PLACE OF INJU	JRY — At home, farm, a	street, factory, office		281. LOCATION (Street a	nd Number or Rura	il Route Number		
	4 Nomicide determined	building, etc. (8	Specify)			City or Town, State)				
	29e. CERTIFIER									
Ē	(Check only	CIAN: To the best of my kr								
COMPLETED	2 MEDICAL EXAMINE	R: On the beals of examine	ation and/or investigation	n, in my opinion, de	ath occured at the ti	ime, data and place, end	d due to the cause	(a) end manner ae stated.		
BEO	29b. SIGNATURE AND TITLE OF CERTIFIE	11			29c. LICENSE NUME	BER	29d. DATE SIGN	EO (Mignith, Day, Year)		
	DOLL GOVERNMENT OF PERSON WIN PON H. YASLO	1211	lending 11	42 can	22007	1	12/1	7/92		
2	30. NAME AND ADDRESS OF PERSON WN	O COMPLETED CAUSE OF	DEATN (ITEM 27) (Type,	Print)	- 11	0 1	1	• []		
	DON H. YASLO	しょうから	MD 103	00 Gre-	envely	Fd. Je	300-110	NO 2070L		
	31. OATE FILED (Month, Day, Year)	32. REGISTRAR'S S								
	0 0	was Davidson								
	TED ~ 0 1336	who will ason-	Julivers							

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led at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Par TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral be filled within 72 hours after death with the State Dept. or Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examinant

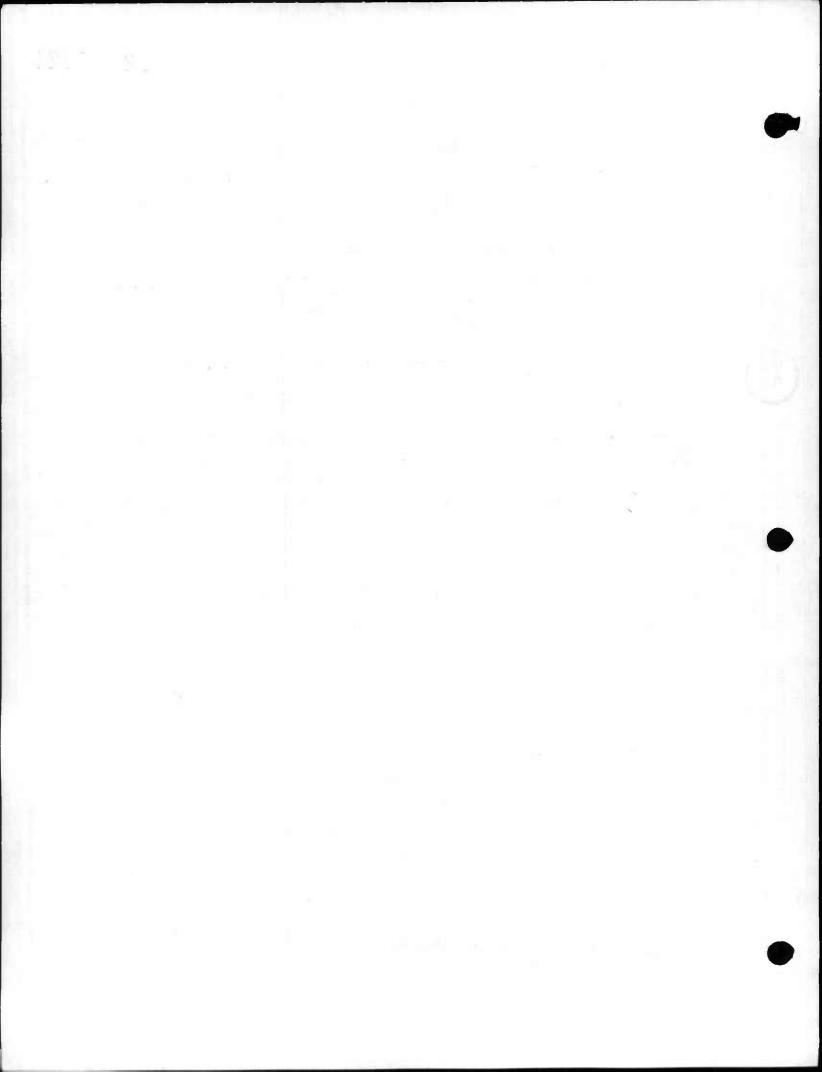
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		AG
	SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 indurs a	JEBA! DIBECTION After this restlicate has been closed by the attendance abusines and commission. Allest in his

_	1 - STATE OF M REGISTRAR	ARYLAND / DEPARTM CERTIFICA	ENT OF HEA	LTH AND MEN	ITAL HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)			2. (DATE OF OEATH PONTH DAY	9 92	3. TIME OF DEATH		
	176-12-4902			JRS MIN.	7. DATE OF BIRTH (Month, Day, Year) March 22, 1925 Warren, Penn.				
PO	9a. FACILITY NAME (If not institution, give street and number) Washington Adventist Hosp	eation of Death	90	county of o	EATH				
DIRECTOR	RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY	10c, CITY, TO		10d. INSIDE CITY					
11.00	TILITICE GEOTOR	s New (Carroltor 101. ZIP		LIMITS? 1 TY YES 2 NO 10g. CITIZEN OF WHAT COUNTRY?				
FUNERAL	6630 Chestnut Avenue 11. MARITAL STATUS 12. WAS DECEDENT	EVER IN U.S. ARMED	13. WAS DECENDE	0784 INT OF HISPANIC OF	U.S.A.	American Indian,			
₽	3 Widowed 4 Divorced World Wa	yes 2 □no Herdates LT II	It yes, specify	Cuban, Mexicen, Pur NO Specify:	erto Rican, etc.)	Speci	t, White, etc.		
LETED	15. DECEOENT'S EOUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	S EOUCATION I grade completed) College (1-4 or 5+) 18a. DECEDENT'S USUA (Give kind of work de life. Do NOT use retin			16b. KIND OF BUSINES				
COMPLET	12 17. FATHER'S NAME (First, Middle, Last)	Procurement Officer				ernment			
BE	Louis A. Casses 198. INFORMANT'S NAME (Type/Print)	M	yrtle 01	'S NAME (First, Middle, Meiden Surname) 1e 01ney Rural Route Number, City or Town, State, Zip Code)					
5	Colleen M. Casses		stnut Av	enue New	Carrolton	n.Marvl	and 20784		
	20a_METHOD OF OISPOSITION CET Burlal 2 Cremation 3 Removal from State CET Donation 6 Other/Specify 21. BIGNATURE OF FUNERAL BETWICE MCEASEE	Fort Lincoln	de Cemeter	y 2-22-9	2 Brenty		aryland		
	· Redaid No	ul_	Rendon/H 9013 Ann	ale Lanh apolis R	am Funeral	Home	and 20706		
	23. PART I. Enter the diseases, or complications that ahock, or heart failure. List only one cause	sused the death. Do not a	ntar tha moda o	dying, auch as	cardiac or respirato	ry arrest,	Approximata Interval Batween		
	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. DUE to the analysis and Death Constant Constant								
NOI	Sequentially list conditions, a metalatic Lupy Course								
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):								
CERTI	that initiated events resulting in death) LAST d								
MEDICAL	PART II. Other/significant conditions contributing to d		e underlying cau	se given in Part	24e, WAS AN AUTO PERFORMED 1 _ YES 2	10	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN:	26. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE (OF DEATH (Check on	ly one)				
HYSIG	1 VES 2 NO 1 Input ent 2 E 27. MANNER OF OEATH 28s. DATE OF IN	R/Outpatient 3 DOA 4 D	HER: Nursing Home 5 (28c. INJURY A	Residence 6 (Other (Specify) DESCRIBE HOW INJUR	V 0001/252			
B	1 Natural 5 Pending (Month, Day,	Year) INJURY	WORK?	2 🗌 NO		10.73221			
LETED	3 Suicide 8 Could not be 4 Homicide 8 Could not be datarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office 5 building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office 5 City or Town, State) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
COMPL	2 MEDICAL EXAMINER: On the beat of medical Examiner.	r knowledge, death occurred at t nination and/or investigation, in	the time, data and p	lace, and due to the	cause(a) and manner a	a stated.	and manner as stated.		
O BE C	THE SHARTUSE AND TITUE OF CERTIFIER WHITE OF CERTIFIER MINERAL MINERA MINERAL MINERAL MINERAL MINERAL MINERAL MINERAL MINERAL MINERAL MINERAL)	290	DE 75		DATE SIGNED	1		
-	THOMOS A BITUS/1468	WA 7525	6×9×10	Uhi CI	à D1. 610	delo	(4) 200V		
	FEB 20 1992 32. AEGISTRAGE:	signaturing and see							



DIVISION OF VITAL RECORDS, P.O. BOX 13146,	BALTIMORE, MARYLAND 21203-3146
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 yours after death. Page 6 mg my law and by the hospital or attending physic	wours after death. Page to may be project by the hospital or attending physic
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attention physician and completely filled in by the funeral direct maps is a full be detached for use as the burial	ed in by the funeral dimens page 5 multi be detached for use as the burial
be filed within 12 hours after death with the state begit, or regular and wellight spirot to burket, the medical examiner must be notified at once. IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	medical examiner must be notified at once.

							(92 06022	
	FOR STATE REGISTRAR	STATE OF MAI	RYLAND / DEPART CERTIFI	MENT OF H		MENTAL HYGIEN REG. NO.	E		
Ų.	1. DECEDENT'S NAME (First, Middle, Last)		4			2. DATE OF DEATH MONTH DA	V VE	3. TIME OF DEATH	
	Julia Colon					02 1			
J.	4. SOCIAL SECURITY NUMBER	5. SEX 8.	AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	6. 8	BIRTHPLACE (State or Foreign Country)	
18	062-09-5933	1 🗆 M 2 🗔 F	85 YRS.	MONTHS DAYS	HOURS MIH.	03-26-06		erto Rico	
	9a. FACILITY NAME (If not institution, give st	reet and number)		9b. CITY, TOWN C	R LOCATION OF DE	EATH	9c. COUNTY	OF DEATH	
8	Greater Laurel	/Beltsvi	lle Hosp.	Lau	rel		Princ	ce George's	
ᇈ	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			TOWN OR LOCAT	TION			10d. INSIDE CITY	
FUNERAL DIRECTOR	MD. Anne	Arundel	26)	aurel				LIMITS?	
A	10e. STREET AND NUMBER			101	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?	
E	3412 Sudlersvi	lle South	า		20724		U.S	5.	
5	11. MARITAL STATUS	12. WAS DECEDENT EX				NIC ORIGIN? (Specify Yes in, Puarto Rican, etc.)	or No- 14.	RACE — American Indian, Black, White, atc.	
BY	1 XX Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR			2 NO Specif		Ì	Specify:	
	15. DECEDENT'S EDUC		16a. DECEDENT'S U	I ISUAL OCCUPATION	ON	16b, KIND OF BUS		Hispanic my	
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of w	ork done during mo retired.)	st of working				
P	12	2	Homemaker	•		Home			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)		
BE	Miguel Colon					Rodriguez			
5	19a. INFORMANT'S NAME (Type/Print)		A Second Control of the Control of t			Route Number, City or Tox:			
	Connie Romero					h, Laurel,		20724	
	20a METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Rame	oval from Stata	20b. PLACE OF DISPOSE other place)				CATION — City		
	4 Donation 6 Other (Specify)	enere 7	Meadowride		ial Park		imore,	Maryland	
	21. SIGNAL ONE OF PUNENAL SERVICE CIT.	1 -//				Home, Inc			
	Colation	Magkey				oring Rd.,			
	23. PART i. Enter the diseases, or a shock, or heart fellure.	complications that/ci	the death. Do no	ot enter the mo	de of dying, auc	th es cerdiec or reep	iratory arrest	Approximate interval Between	
	IMMEDIATE CAUSE (Finel								
	disease or condition . Staphlococcus Septicaemia								
	DUE TO (OR AS A CONSEQUENCE OF):								
NO	Sequentially list conditions, Bilateral CVA DUE TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING		120000000000000000000000000000000000000		Ioft λt				
띮	CAUSE (Disease or injury CAUSE (Disease or injury Due TO (OR AS A CONSEQUENCE OF):								
E	resulting in deeth) LAST	heumat	ic Mitral	Stend	sis				
2	PART II. Other algorificent condition	a contributing to de	ath but not moulting it	the underlyin	a ceuce alven in	Bart I 240 MRC AN	AUTOREV	24b. WERE AUTOPSY FINDINGS	
N S			and the reserving in	i dio dilocityiii	g couse given in	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
		itus				1 TYES 2	₹ NO	OF DEATH?	
Σ						-		1 NES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (C)	heck anly are)			
PHYSICIAN: MEDICA	EXAMINER? 1 YES 2 X NO	HOSPITAL:	R/Outpatient 3 DOA	OTHER:		6 Other (Specify)		-	
¥	27. MANNER OF DEATH	28a. DATE OF INJ	JURY 28b. TIME	OF 28c. IN.	JURY AT	28d. DESCRIBE HOW	INJURY OCCUR	ED	
	1 ☑ Netural 5 ☐ Pending (Month, Day, Year) INJURY WORK? M 1 ☐ YES 2 ☐ NO								
) BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF Its building, etc.	NJURY — At home, farm, s	treet, factory, offic	:0	261. LOCATION (Street City or Town, State,		Rural Route Number,	
COMPLETED	4 Homicide determined	Juliani, etc				Only of rown, State,			
PE	29a. CERTIFIER (Check only 1 X CERTIFYING PHYSI	ICIAN: To the best of my	knowledge, death occurre	d at the time, data	and place, and du	a to the cause(a) and ma	nner as stated.		
MO		R: On the basis of axam	nination and/or investigation	n, In my opinion, (faath occured at the	time, data and place, as	nd dua lo lhe c	euse(s) and manner as stated.	
ш	29b. SIGNATURE AND TITLE OF CORTIFIE	R			29c. LICENSE NU	MBER	29d. DATE S	GNED (Month, Day, Year)	
TO BI	Las	lune Mr			D2275	55	▶ 2/	17/92	
		O COMPLETED CAUSE	OF DEATH (ITEM 27) (Type,	Onless					

Christine deLima,

1992

1, M.D. 14201 Lat

14201 Laurel Park Dr., Laurel,

Md. 20707

ement in retained by the hospital or attending physician. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. PATHE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examination.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARY	AND / DEPARTI				YGIENE EG. NO.		00020	
	1. DECEDENT'S NAME (First, Middle, Last) Anita Kat	thleen	hleen Craven			2. DATE OF DEATH DAY YEAR OZ 11 92			3. TIME OF DEATH 8:30 A M	
	4. SOCIAL SECURITY NUMBER 579-16-4366	1 🗆 M 2 😾 F	S. AGE (In yra. last birthday) F UNDER 1 YEAR F UNDER 24 HRS. F UNDER 24 HRS.			09/16/22 Country)			IPLACE (State or Foreign	
TOR	9a. FACILITY NAME (If not institution, give standard of the st				OR LOCATION OF E	EATH				
DIRECTOR	Maryland Howar	1	OWN OR LOCAT	OR LOCATION				10d. INSIDE CITY LIMITS? 1 YES 2 X NO		
	10e. STREET AND NUMBER			10	. ZIP CODE		10g. CIT	IZEN OF V	WHAT COUNTRY?	
FUNERAL	10369 Scaggsville Road				20723			USA		
BY	11. MARITAL STATUS 1 Never Married 2			If yes, specify Cuban, Mexican, Puerto Rican, etc.)					E — American Indian, k, White, etc. hy: White	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DECEDENT'S US (Give kind of worth	done during ma	ON st of working	DUSTRY				
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	Homemak			u _c	me			
MO	17. FATHER'S NAME (First, Middle, Last)	0	nomemak	er	18. MOTHER'S N		. Maiden Surname)			
BE C	Charles P. Martin						riswell			
TO B	19a. INFORMANT'S NAME (Type/Print)						ity or Town, State, Zi	p Code)		
_	Joseph H. Craven				ille Rd	., Laur		2072		
	20a. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Remo	oval from State	netery, crematory or other	place OMO	me of	2/15	Reantwe			
	1A. Burfal 2 Cremation 3 Removal from State Commettery Crematory or other place Commettery Commettery Commettery 2/15 Brentwood, MD 21. SHGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF EACHLITY									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE STALL Classes Cla									
	22. PART I. Enter the diseases, or completellions that plused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF:							Approximate Interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): d									
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part					17.00	WAS AN AUTOPSY PERFORMED? YES 2 NO	WERE AUTOPSY FINDINGS AWALABLE PRIOR TO COMPLETION OF GAUSE OF DEATH? 1 YES 2 NO		
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:	ACE OF DEATH (C)			-		
BY PHYS	1 VEB 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation	1 Inpatient 2 ERPOut 25e. DATE OF INJURY (Month, Day, Hear)	20b. TIME O	F 38c. INJ WO	S G Residence URY AT RKY PES 2 G NO	-	E HOW INJURY OC	CURED		
TED B	3 Guidde 6 Could not be 4 Mon/cide determined	26e. PLACE OF INJURY building, etc. (Spe	— At home, term, streety)	nt, factory, office		28f, LOCATION Gity or Em	(Street and Numbern, State)	r or Russi A	loute Mumber	
COMPLETED	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMPLE: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.								and manner as stated.	
BE C	296. BIOHAPURE AND TITLE OF CENTRES				29c. LICENSE NU	111111111111111111111111111111111111111			(Month, Day, Year)	
108	Xules To	A. A. Set A. Marie V.	Con		MD:	3/6/2	_ ▶	2/1	2/92	
-	39 NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Pri	nt)						
	howe ruppen 2 1 m 1992	32 Markins Danie	ADME Mandall							



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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 show	be filed within 72 hours after oeath with the state belot, or ream and Mental hydrene prior to burial, crembus, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified.
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	FOR STATE REGISTRAR	STATE OF MARYLA	AND / DEPARTI			MENTAL HYGIEN	E				
	1. DECEDENT'S NAME (First, Middle, Last) ADELLE C	Adele Land	dis Cox		2. DATE OF DEATH 2 MONTH D	3. TIME OF OEATH 6: 40pm 2 6. 40pm					
	4. SOCIAL SECURITY NUMBER 215 - 46 - 8522	1 M 2 F	M 2 F 92 YRS. MONTHS DAYS HOURS MIN. (Month, Day, Year) Aug. 11, 1899								
TOR	e. FACILITY NAME (If got institution, give str Meridian, Nursing (MERIDIAN NUSING (RESIDENCE OF DECEDENT	Center, The I	Pines	PG. COUNTY OF DEATH TAIBOT							
DIRECTOR	10s. STATE 10b. COUNTY	n Anne's Queenstown					10d. INSIDE CITY LIMITS? 1 YES 2 NO				
RAL	10. STREET AND NUMBER rural			101	. ZIP CODE 21658			of what country? d States			
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 💢 Widowed 4 Divorced	12. WAS OECEOENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO		IDENT OF HISPANIC ORIGIN? (Specify Yes or No- fly Cuban, Mexican, Puerto Ricen, atc.) No Specify: Whi						
COMPLETED	15. OECEDENT'S EOUC (Specify only highest grade of Elementary/Secondary (0-12)	(Give kind of work done during most of working life. Do NOT use retired.)						wices/Educatio			
BE CON	17. FATHER'S NAME (First, Middle, Lest) Myron S. Landis	18. MOTHER'S NAME (First, Middle, Maiden S									
10	190. INFORMANT'S NAME (Type/Print) Co Mrs. Louise Henry	ousin				Noute Number, City or Tow rth Plainf					
	20a. METHOD OF DISPOSITION 1 Burlet 2 M Cremetion 3 Removal from State 4 Donestion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Barton Funeral Home P.O. Box 222, Centreville, Maryland 21617										
NO	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reepiratory arrest, ahock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due To (off As A consequence off): Due To (off As A consequence off): Due To (off As A consequence off):										
CERTIFICATION	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
BY PHYSICIAN: MEDICAL C	PART II. Other significant conditions	a contributing to death b	ut not reculting in	the underlyin	g cause given in	Part I. 24a. WAS AN PERFOI 1 YES :	RMEO?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (Ch						
3Y PHYS	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	1 Inpatient 2 ER/Outp 28e. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 26c. IN.	URY AT DRK? YES 2 NO	28d. DE\$CRIBE HOW	INJURY OCCUR	ED			
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Richard Form) City or Town. State)						Rural Route Number,			
COMPLETED	one)	CIAN: To the best of my know R: On the basis of examination						suse(e) end manner as stated.			
BE	296. SIGNATURE AND TITLE OF CERTIFIE	100 /	(AD		29c. LICENSE NUI	MBER 2533	29d. DATE SI	GNED (Month, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON WHO	CVBW/EY	ATH (ITEM 27) (Type, F	Print) M.D.	Crowley,	M. Pain Ea	2980)	MD 21601			
	31. DATE FILED (Month, Day, Year) FEB 1 2 92	32. REGISTRAR'S SIGN									

BALTIMORE, MARYLAND 21215-0020	hours after death, Page 6 may be retined of the notation or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page a mount of details for use as the burial-transit permit. Pages 1, 2, 3 should the State Deer of Health and Montal Horizon principles on the permit.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be manned of the law requires that the death certificate be executed within 24 hours after death. Page 6 may be manned of the law requires that the death certificate be executed within 24 hours after death. Page 6 may be manned of the law requires that the death certificate be executed within 24 hours after death.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the face within 72 hours after death with the State Dent of Health and Mental Housene prior to hursal commission or express	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR		CI	ERTIF	ICATE (OF DEATH	-	REG. NO).			
	1. DECEDENT'S NAME (First, Middle, Last)						2. 0	ATE OF DEATH			3. TIME OF D	EATH
1	William]	Raymond	Clou	igh,	Jr.			nuary	AY 1.0	YEAR	7:08	A.Mm
- 5	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (in yrs. les		IF UNDER 1 YE	AR IF UNDER 24	HDS 7 D	ATE OF BIOTH		a Burery	IDI ADE COLLE	
	215 - 20 - 4841	1 🔀 M 2 🗆 F	66	YRS.	MONTHS DA	YS HOURS	MIN.	tober 1	0.192	5 Pe	nnsvlv	ania
1	215 - 20 - 4841 1 M 2 F 66 YRS. MONTHS DAYS HOURS MIN. OCTOBER 10,1925 Pennsylvan 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH											
æ			_				OF DEATH		Sc. COUN	IT OF D	EAIH	
5	Memorial Hosp	ital at	Easto	n	Eas	ton			Ta	The	t	
DIRECTOR	10a. STATE 10b. COUNT			10c. CIT	Y, TOWN OR L	DCATION					10d. INSIDE (CITY
5	Maryland Quee	n Anne's		Cen	ntrevi	11e				ŀ	LIMITS?	
=	10e. STREET AND NUMBER					101 ZIP CODE			10- 01713	EN OF H	VHAT COUNTRY	
8	R.D. 3, Box 6					101. ZIP CODE 2161	7			SA	THAI COUNTH	**
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT E	VED IN ILE AD	MED								
T	1 Never Married 2 X Merried	FORCES? 1 X	YES 2 T		If ye	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No- 14. If yes, specify Cuben, Mexicen, Puerto Rican, etc.)					— American I	ndien,
BY	3 Widowed 4 Divorced	WW II	OR DATES	1 ☐ YES 2 ⅓ NO Specify: Specify:								
0	15. DECEDENT'S EDU		I see DE	White DECEDENT'S USUAL OCCUPATION 186. KIND OF BUSINESS/INDUSTRY								
E	(Specify only highest grade	completed)	(G	(Give kind of work done during most of working life. Do NOT use retired.)					Gover	nmer	nt/	
7	Elementary/Secondary (0-12) 7 + GED	College (1-4 or 5+)		auff			- 1	Departm				
COMPLETED	17. FATNER'S NAME (First, Middle, Last)											
	William Raymond	Clough					rs name (Fi iett	rst, Middle, Maiden Louise	Sumame) Shaf	for		
BE												
9	190. INFORMANT'S NAME (Type/Print) Wi	te	191	MAILINO	ADDRESS (Str	eet and Number or	Rural Route I	lille, Ma	n, State, Zip	Code)	21617	
	Rose. E. Clough		T,		, DOX	o, cer	ittev.	LITE, Ma	itylan	iu a	21017	
	20a. METHOD OF DISPOSITION 1 X Buriel 2 Cremation 3 Rem	oval from State	20b. PLACE	ND DATE C	F DISPOSITIO	Name of		DATE 20c. LO	CATION - C	ity or To	wn, Stata	
	4 Donation 5 Other (Specify)	30000 0000	Cheste	rite	rd cen	etery	1	/19 Cent	revil	le,	Maryla	and
	21. SIONATURE OF FUNERAL SERVICE LICENSEE James H. Barton, Jr.					22. NAME AND ADDRESS OF FACILITY Barton Funeral Home						
	b Since Since Beautiful Since	Sant S	7					nome entrevil	10 N	lamır'	land 2	1617
	23 PART I Enter the diseases or	amplications that of	277								Lanu Z	1017
	23. PART I. Enter the diseases, or c shock, or heart fellure.	List only one ceuse	on each ilne	etn. Do n	ot enter the	mode of dying	, auch aa d	cardiec or reepi	iratory erre	st,	Approx	
	IMMEDIATE CAUSE (Finel											
	resulting in death)											
	DUE TO OR AS A CONSEQUENCE OF):											
Z	Sequentially list conditions to Polynour opath											
ĔI	Sequentially list conditions, if any, leading to immediate											
2	CAUSE (Disease or trijury											
는 I	that initieted events DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	reaulting in death) LAST											
	PART ii. Other significent condition	e contributing to de	oth but not a	a a ultila a li	a Ab a sended			1				
EDICAL		_ commoning to det	otti bat ilot il	outing i	i the under	ying ceuse give	en in Part t	. 24a. WAS AN PERFOR			WERE AUTOPSY AWAILABLE PRI	OR TO
١								1 TYES 2	NO NO		OF GEATH?	F CAUSE
											1 YES 2	□ NO
PHYSICIAN: M												- 1
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOCOLTAL				PLACE OF DEAT	N (Check only	y one)				
Š	1 TES 2X NO	HOSPITAL: 1 ly inpatient 2 □ ER	/Outpatient 3	□ DOA	OTHER:	iome 5 🗆 Raside	ence 6 🗆 O	ther (Specify)				
到	27. MANNER OF DEATH	28e. DATE OF INJU		26b. TIME	OF 28c.	INJURY AT		DESCRIBE NOW II	NJURY OCCL	IRED		
BY	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Y	oer)	INJU		WORK? YES 2 N						- 1
	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF IN	JURY — At hor	ne, farm, si				OCATION (Street e	and Number o	e Dreem! De	nuta Mumbas	
COMPLETED	4 Nomicide datermined	building, etc.	(Specify)		,		- 0	City or Town, State)	ind Hamber o	r nurer no	oute number,	- 1
W	29e, CERTIFIER				_							
鱼	(Check only one) CERTIFYING PHYSIC	CIAN: To the best of my I	knowledge, das	th occurre	d at the time,	late end place, end	d due to the	ceuse(a) end man	ner ee stated	ſ.		
8	2 MEDICAL EXAMINE	t: On the basis of axamir	netion end/or is	rveatigation	, in my opinio	n, death occured a	at the time, o	late and place, en	d due to the	ceuse(e)	and manner as	stated.
w II	290. SIGNATURE AND TITLE OF PERTIFIER	0				29c. LICENSE	E NUMBER		29d. DATE	SIGNED (Month, Day, Yes	1/)
	V. Men	de				DI	153	7	> 1	/16	192	
F	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE O	F DEATH (ITEN	27) (Type,	Print) P . G	regg Rh	odes.	M.D	East	-		601
	503 Dutchm	1				1d		1		,		
	31. DATE FILED (Month, Day, Year)	2 32. REGISTRANS	S)GNATURE	3	1.00	-61	< 160	_				
- 11	D, U C 1947	11 gul	ia Davids	on-Na	TOWN							

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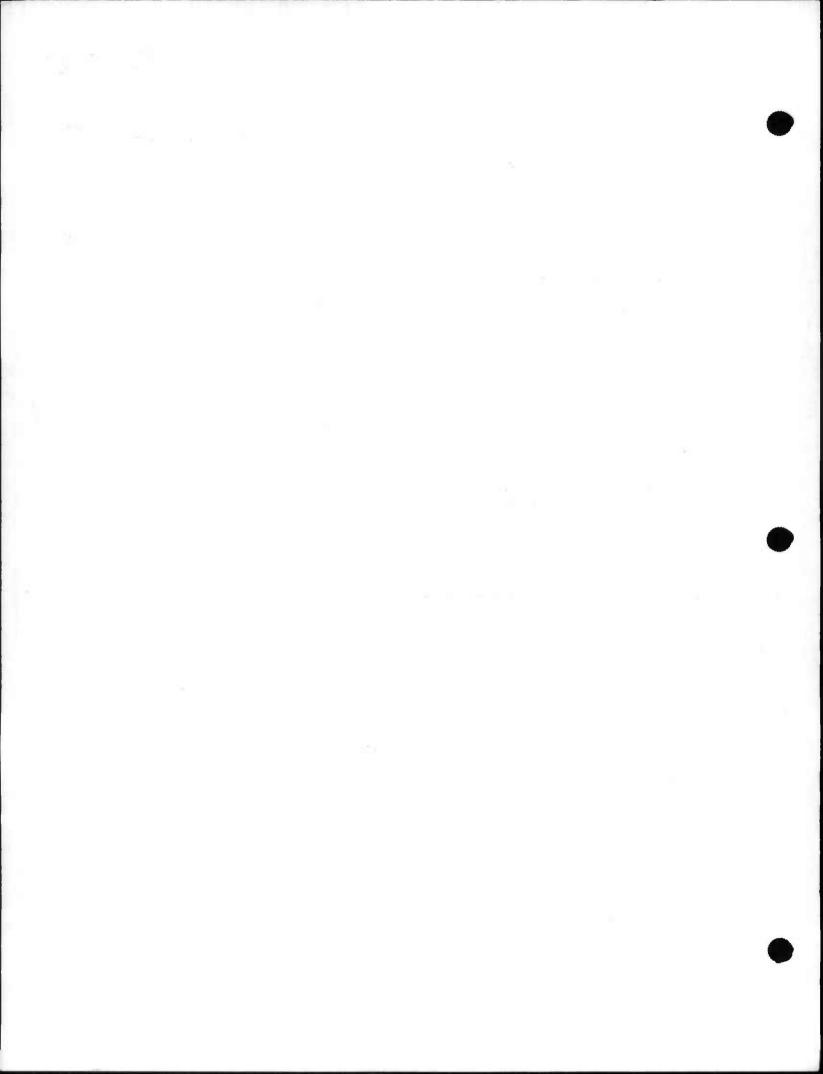
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TO BE COMPLETED BY FUNERAL DIRECTOR

	FOR STATE REGISTRA
1	1. DECEDENT'S
	4. SOCIAL SECU
ŀ	213-12

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

	REGISTRAN		0.	-111111	OAIL	O!			Pit	EG. NO.								
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF D	EATH DAY		YEAR	TIME OF DEATH					
	EDNA MARG	ARET CR	OUCH						2	19	7	92	2/11/ H					
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER 1	YEAR DAYS	# UNDER	24 HRS.	7. DATE OF B (Month, Day	IRTH Wear)		8. BIRTHPLA Country)	CE (State or Foreign					
	213-12-2471	1 🗆 M 2 💢 F	82	YRS.	MONTHS	DAYS	ноона	Mills.	JUNE	30 1	909	MARYL	AND					
	9a. FACILITY NAME (If not institution, give at	treet and number)	_		9b. CITY, 1	TOWN O	R LOCATI	ON OF DEAT	гн		9c. COU	NTY OF DEAT	н					
5	CUMBERLAND NU	RSING H	OME			CUMB	BERLA	AND		ľ	ΑI	LEGAN	y I					
DIRECTOR	RESIDENCE OF DECEDENT																	
뿐	10a. STATE 10b. COUNTY			10c. CITY	, TOWN OR	LOCATI	ION					1	I. INSIDE CITY LIMITS?					
	MARYLAND	ALLEGAN	Y	C	UMBER	-							YES 2 NO					
₹	10e. STREET AND NUMBER					10f.	ZIP COD				10g. CITI	ZEN OF WHA	COUNTRY?					
FUNERAL	RFD#3 IRENE DRI	VE					215				-	U.S.A						
ا ۾	11. MARITAL STATUS	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. AR	MED 10	13. W	AS DECI	ENDENT (OF HISPANIC	ORIGIN? (Sp Puerto Rican	etc.)	or No—	14. RACE — Black, W	American Indian, hite, etc.					
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE V	YES 2		11	☐ YES	2 NO	Specify:		,		Specify:	WHITE					
		l	1 44 44							- 00 0110			MHILE					
	15. DECEDENT'S EDU((Specify only highest grade	completed)	(G		rork done du			ng	160. KIN	D OF BUS	INESS/INL	USINY						
ا ت	Elementary/Secondary (0-12)	College (1-4 or 8	F)			,				T O M								
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		WES	2 I TING	HOUSE	5	40 1107		E (First, Middle	ECT.								
ၓ၂		MANTOR O	D				16. MOI			637	surname)							
BE	SAMUEL W. 19a, INFORMANT'S NAME (Type/Print)	TAYLOR S			4000500	(Canada a			SACHS ute Number, C		Out Th	Code)	_					
٩	CONTRACTOR OF THE PROPERTY.	**								-								
	MRS JULIA HARTLE		20b. PLACE		IRENE				MBERLA			LAND City or Town,	Photo					
	20a METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	ovel from State	other pi	ece)					1000			0.						
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	- GLENI	DALL				SS OF FACE		FLIN	TSTC	NE, M	ARYLAND					
	SI D	MOX						2017-2018-20		TD AT	11.03							
	Wale a.	Levil							FUNE		HOM							
	23. PART I. Enter the diseases, or a	complications the	it coused the da	ath. Do r	ot antar t	the tho	da bi d)	nng, such	as cardiac	of resph	atory ar	Patinn,	interval Between					
	ahock, or heart fallure. List only one ceuse on each line. IMMEDIATE CAUSE (Final A Date of the Cause of the												Onset and Death					
	disease or condition resulting in death)	· Brot	mble co	ender	e c	our	hyl	Timia					Mintes					
			(OR AS A CONSE															
Z	Sequentially list conditions	b																
CERTIFICATION	Sequentially list conditions, If any, leading to immediata DUE TO (OR AS A CONSEQUENCE OF):											i						
2	cause. Enter UNDERLYING CAUSE (Disease or injury	C	/OD 10 1 001/05															
E	that initiated events resulting in death) LAST	DUE 10	(OR AS A CONSE	QUENCE O	r):								j					
H		d											İ					
	PART II. Other significant condition			resulting	in tha unc	lariying	g cause	given in P	ert 1. 24	. WAS AN			ERE AUTOPSY FINGINGS AILABLE PRIOR TO					
EDICAL	Or gamic lova	in Syn	dione						1.0	PERFOR		CC	IMPLETION OF CAUSE					
	J	7							_ ''		M		DEATH?					
≥																		
A	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF	OEATH (Chec	ok only one)									
PHYSICIAN:	EXAMINER?	HOSPITAL:	☐ ER/Outpatient	DOA	OTHER 4. Wurs	: Ing Hom	ne 5 🗆 R	lesidence 8	Other (Sp	ecify)								
Ή	27. MANNER OF OEATH	28e. DATE Of	F INJURY Day, Year)	28b. TIM	IE OF	28c. INJ	URY AT		28d. DEŞCRI	BE HOW II	URY OC	CURED	_					
ВУ Р	1 Netural 5 Pending	(MOHAI), I	Sely, roury		M			□ NO										
	2 Applicant Investigation		" 1 1 1 1 2 2 1 NO					81. LOCATION (Street and Number or Rural Route Number,										
	2 Accident investigation 3 Suicide 6 Could not be		3 Suicide 6 Could not be 28s. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify)															
Ħ	- Cattle			ome, rem,		4 Homicide datermined												
LETEC	3 Suicide 6 Could not be 4 Homicide datarmined		, atc. (Specify)			me, date	end plac	e, end due t					e Number,					
MPLETE	3 Suicide 6 Could not be determined	building	, etc. (Specify)	eath occurr	ed at the tir		-		to the cause(s	and mar	iner as str	ited.						
COMPLETED	3 Sulcide 4 Homicide 6 Could not be datarmined 29a. CERTIFIER (Check only	building	, etc. (Specify) If my knowledge, dexemination and/or	eath occurr Investigation	ed at the tir	olnion, d	leath occi	ured at the ti	io the cause(s ime, date end	s) and man	iner as str d due to 1	ited. he cause(s) e	nd menner as stated.					
BE	3 Sulcide 4 Homicide 6 Could not be datarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINI	building	, etc. (Specify) If my knowledge, dexemination and/or	eath occurr Investigation	ed at the tir	olnion, d	leath occi	ured at the ti	io the cause(s ime, date end	s) and man	iner as str d due to 1	ited. he cause(s) e	nd menner es stated.					
ш	3 Sulcide 4 Momicide 6 Could not be datarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINI 29b. SIGNATURE AND TITLE OF CERTIFIE	building	, etc. (Specify) If my knowledge, dexemination and/or	eath occurr Investigation	ed at the tir	olnion, d	leath occi	ured at the ti	io the cause(s ime, date end	s) and man	iner as str d due to 1	ited. he cause(s) e	nd menner as stated.					
BE	3 Sulcide 4 Homicide 6 Could not be datarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINI 29b. SIGNATURE AND TITLE OF CERTIFIE 30. NAME AND ADDRESS OF PERSON WITH	building	, etc. (Specify) If my knowledge, dexemination and/or	eath occurr Investigation	ed at the tir	olnion, d	leath occi	ured at the ti	io the cause(s ime, date end	s) and man	iner as str d due to 1	ited. he cause(s) e	nd menner es stated.					
BE	3 Sulcide 4 Momicide 6 Could not be datarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINI 29b. SIGNATURE AND TITLE OF CERTIFIE	building	1 my knowledge, d axamination end/or	enth occurr Investigation EM 27) (Types RCE NC	ed at the tir	olnion, d	leath occi	ured at the ti	io the cause(s ime, date end	s) and man	iner as str d due to 1	ited. he cause(s) e	nd menner es stated.					



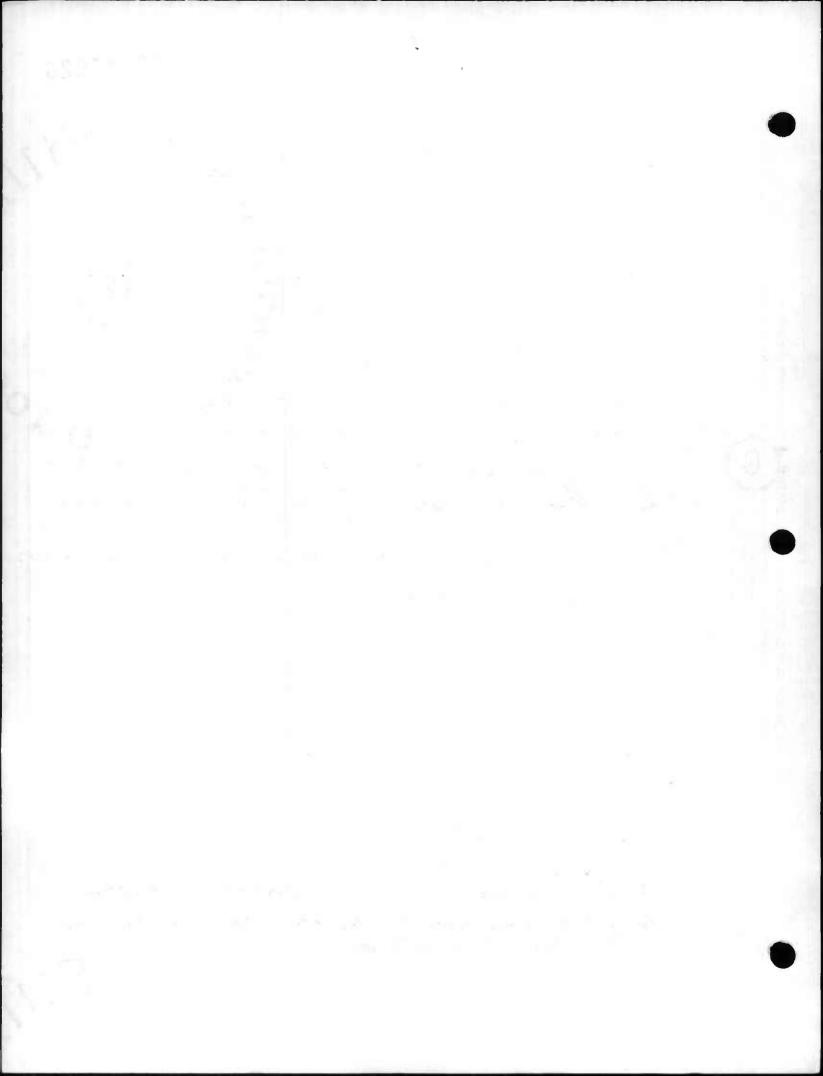
int. Page 6 may be maned by the horses of a second physician. Includer must be notified at once. TO RE COMPLETED BY FINERAL DIRECTOR	TO THE HISPORT, OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 5 may be manned by the house or attending physician. The FUNEAL DIRECTOR, that this certificate has been signed by the attending physician and completely filled in by the funear director, page 5 mount of the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with MEDICATION of the burial-transition, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified in once. TO BE COMPLETED BY DEVELORATION MEDICAL CERTIFICATION
neral director, page 5 stroud to detect the other of the burial-transit permit. Pages 1, 2, 3 should	ERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by in 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remo
ith. Page 6 may be retained by the hosp as or attended physician.	O THE HIGHTIAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be mained by the hospital physician.
BALTIMORE, MARYLAND 21215-0020	DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	FOR STATE REGISTRAR	STATE OF MARY		MENT OF H		MENTAL HYGIEI					
	1. DECEDENT'S NAME (First, Middle, Last)	K F	CURT	ブル	195		DAY YE	/ 4			
	4. SOCIAL SECURITY NUMBER 577-58-3260	5. SEX 6. AG	E (in yrs. lest birthday)	IF UNDER 1 YEAR WONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	47 M	ash., D.C.			
TOR	90. FACILITY NAME (If not institution, give st		#A-1		DOVER	EATH	PRINC	e Geurge's			
DIRECTOR	MD PRIN	CE VEORGE		TOWN OR LOCAT			10d. INSIDE C LIMITS? 1XXYES 2				
FUNERAL	100. STREET AND NUMBER YOU WARNER	そらい	RA-1	10f.	20784		U.S	of what country?			
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 X NO	It yes, spi		IIC ORIGIN? (Specify Yon, Puerto Rican, etc.)		RACE — American Indien, Black, White, etc. Specify:			
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		ille. Do NOT use	ork done during mo- retired.)		- A-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-	USINESS/INDUST				
COMP	12 17. FATHER'S NAME (First, Middle, Last)	0	Mail Cl	erk	16. MOTHER'S NA	Epile ME (First, Middle, Meide		ndation			
BE	Walter F. Cu:	rtin	19b. MAILING	ADDRESS (Street e		S E . Cool		ie)			
٩	Colleen Hutching		9433 206. PLACE ANO DATE	OF DISPOSITION	/Name	. Gaither	sburg,				
	1 X Buriel 2 Cremation 3 Rem- 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE		Parklawn	22. NAME AP	D ADDRESS OF FA	CILITY	ockvill	e, MD			
	> Ruhand	1 Xeno	On	901	3 Annapo	Funeral lis Rd. L	anham,				
	23. PART I Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feiture. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in desth) DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury										
ERTIF	that initiated events resulting in death) LAST	d	a A CONSEQUENCE OF	,							
AL	PART II. Other significent condition Seizure D.	s contributing to death	n but not resulting in	the underlying	g cause given in		N AUTOPSY DRMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
HAN:	25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF DEATH (C)	neck only one)					
PHYSICIAN: MEDIC	EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 8 Pending	1 Inpetient 2 ER/O 28e. DATE OF INJUI (Month, Day, Yea	outpatient 3 DOA	OF 28c. INJ	URY AT RK?	8 Other (Specify) 28d. DESCRIBE HOV	INJURY OCCUR	ED			
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJU	JRY — At home, farm, st cpecify)		res 2 No	28t. LOCATION (Stree City or Town, Sta		Rural Route Number,			
COMPLETED	one)	ICIAN: To the best of my kr						ause(a) end manner as stated.			
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	Und sept	Medica Medica		29c. LICENSE NU	52	1 2	IGNEO (Month, Day, Year) - G - G Z			
	PALA DEPURE	MD 420	3 Queens	bury A	d Hyat	teville M	A 207	71			
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ter death. Programme retained by the hospital or attending physician.	the fundamental permit. Pages 1, 2, 3 should	oval.	al examine, must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-, nours after dear Prof. and attending by the hospital or attending physician.	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the fun amental filled in by the fundamental fil	be filed within 72 hours after death with the State Dept. of Health and Memal Hygiene pnor to bunal, cremation, or remo	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examine must notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

REGISTRAR DECEDENT'S NAME (First, Middle, Last)	C				DEAT		2. DATE	REG. NO	-		3. TIME OF DEATH
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SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le	_	IF UNDER	1 YEAR	IF UNDER 2	4 HRS.	7 DATE	OF BIRTH		A BIRTH	PLACE (State or Foreign
213 - 38 - 3367	1 🗆 M 2 💢 F	64	YRS.	MONTHS	DAYS	HOURS	MIN.	Apr	2. Pay. 70ar)	1927	Mari	yland -
FACILITY NAME (If not institution, give	street and number)			9b. CITY	r, TOWN C	OR LOCATIO	N OF DE	EATH		9c. COL	NTY OF D	EATH
10625 Harding R	oad			Lau	rel					How	ard	
STATE 10b. COUN	TY		10c. CIT	Y, TOWN	OR LOCAT	TION						10d. INSIDE CITY
aryland How	ard		La	urel								LIMITS?
STREET AND NUMBER					101	. ZIP CODE				10g. CI1	IZEN OF	WHAT COUNTRY?
0625 Harding Ro	ad					20723	3				и	.S.A.
MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. A	RMED NO	13.		ENDENT OF			N? (Specify Yorks, etc.)	s or No—	14. RAC Blac	E — American Indian, k, White, etc.
Never Merried 2	IF YES, GIVE Y				1 TYES	2 X NO	Specifi	у:			Spec	"White
15. DECEDENT'S ED	UCATION	18a, D	ECEDENT'S	USUAL C	CCUPATIO	ON	_	16	b. KIND OF B	JSINESS/IN	DUSTRY	WILLOCE
(Specify only highest gra-	de completed) College (1-4 or 5	+)	Give kind of a le. Do NOT us	work done se retired.)	during mo	ost of working	7					
Grade 12		Su	iperv.	isor					Contr	ol Da	ta	
FATHER'S NAME (First, Middle, Last)									Middle, Maide			
<u>Norman R. Allen</u>									lia Mi			
. INFORMANT'S NAME (Type/Print)									nber, City or To			702
Jimmie C. Soude	r					metery, cremi		aure	l, Ma	CYLAN		
Buriel 2 Cremetion 3 Re Donation 6 Other (Specify)	moval from State	other p				•	atory or					e, Maryland
SIGNATURE OF PURERAL SURVICE	JCENSEE /	_ Crim	unuer	22	NAME A	ND ADDRES	S OF FA	CILITY	130	nggst		-, margaine
· 6 11.1-11	1	1 11 1										
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	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIF	RTMENT OF H	EALTH ANI DEATH	D MENTA	L HYGIEN	E	92 0602	9
	1. DECEDENT'S NAME (First, Middle, Last) 1. UB 4. SOCIAL SECURITY NUMBER 5.	Alice	Co	RDREY	/	FER	OF DEATH		YEAR 3. TIME OF DEATH 2 3/19	м
		□ M 2 F	(In yrs. last birthday) 76 YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN	(Mont	OF BIRTH (1, Day, Year)	16 1	BIRTHPLACE (State or Foreign Country) Virginia	
DIRECTOR	PENINSULA GENER		L		SBURY	DEATH			OMICO	
	Maryland Worc	ester	10c. CIT	Snow Hi	11				10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	6806 Apache Dr	1ve	IN II S ADMED		ZIP CODE				USA.	
BY	1 Never Married 2 X Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 XNO	If yes, spe	ENDENT OF HIS colfy Cuben, Mex 2 X NO Spe	tican, Puarto I	? (Specify Yes Noan, atc.)	s or No—	4. RACE — American Indian, Black, White, atc. Specify: White	
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade con Elementary/Secondary (0-12)	ION npleted) College (1-4 or 5+)	(Give kind of a	usual occupation work done during most retired.)		166		Home	STRY	
BE CON	17. FATHER'S NAME (First, Middle, Last) Thomas S. Tynd	all			18. MOTHER'S	name (First, I	fiddle, Maiden	Surname)		
10	190. INFORMANT'S NAME (Type/Print) William Alvin Con	drey		Apache I						
4	20a. METHOD OF OISPOSITION 1 X Burlai 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	I Irom State ce	b.PLACE AND DATE (ADDRESS AND DATE (Bates Met			y 1			y or Town, State	
	21. SIGNATURE OF FUNCTIAL SERVICE LICENS	m		Dennis	Funer Funer anklin	al Hor		H477	Md. 21863	
	23 PART I. Enter the diseases or come shock, or heart failure. List IMMEDIATE CAUSE (Fine) disease or condition resulting in deeth)	oue TO (OR AS	esch line.	ot enter the mod	le of dying, s	uch ss card	lec or respi	ratory srres	Approximate interval Betwee Onset and Dea	
ATION	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING	end Star DUE TO (OR A) hon alc	A CONSEQUENCE OF A CONSEQUENCE OF HALLE	Failure Peirhou	v					
CERTIFICATION	CAUSE (Disease or injury thet initiated events resulting in death) LAST		A CONSEQUENCE OF							
PHYSICIAN: MEDICAL	PART II. Other significent conditions of	ontributing to deeth	but not resulting I	n the underlying	ceuse given	In Part i.	24a. WAS AN PERFOR 1 YES 2	MED?	24b. WERE AUTOPSY FINDING AMILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? 1 YES 2 NO	is
SICIA		OSPITAL:	Ipatient 3 DOA	26. PL/ OTHER: 4 Nursing Home	S Residence					
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIMI	E OF 28c. INJU	RY AT			NJURY OCCUI	REO	
	3 Suicide 8 Could not be 4 Homicide datarmined	28e. PLACE OF INJUR building, atc. (Spe	Y — At home, farm, a scify)	treet, lactory, office		281. LOCA City o	TION (Street a r Town, State)	nd Number or	Rural Route Number,	
COMPLE	2 MEOICAL EXAMINER: O	n the best of my known							ause(s) and manner as stated.	
O BE	296 SHANATHE AND TITLE OF CRATIFIER A Kowka 30. Name and Adoress of Person who co	1			29c. LICENSE N	10MBER 5857		29d. DATE S	IGNED (Month, Day, Year)	

John A. Routenberg, 205 S. Division St., Salisbury, Maryland
31. OATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

ina Laurdson-Randell

21801

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D 21215-0020

BALTIMORE, MARY

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE REGISTRAR		/ MARYLAND / Ce				DEAT		MENTA	L HYGIEN	_		
	1. DECEDENT'S NAME (First, Middle, LA AFOR Jail	nes		C	s Ilan	١			2. DATI		MAY 12	YEAR 92	7700
1	4. SOCIAL SECURITY NUMBER 214-18-4/73	5. SEX	6. AGE (In yrs. last	t birthday) YRS.	IF UNDER	DAYS	IF UNDER	MIN.	7 DATE	of BIRTH		8. BIRTHP	LACE (Stote or Foreign
OR	9a. FACILITY NAME (If not institution, gardeners) PENINSULA GENER	ve atreet end number)			9b. CITY		R LOCATI				9c. COU	NTY OF DEA	
5	RESIDENCE OF DECEDENT												
DIRECTOR		reester			y, town		TION						Od. INSIDE CITY LIMITS? XYES 2 NO
	10e. STREET AND NUMBER	.000.002		1200	GAR O	-	. ZIP CODE	E			10g. CITI		AT COUNTRY?
FUNERAL	Rt.12 P.O. Bo	x 2117					2186	51			U.S	5.A.	
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	T EVER IN U.S. ARI	MED IO		if yes, sp	ENDENT Cocify Cube	n, Mexica	in, Puerto	N? (Specify Ye Rican, etc.)	s or No-	Black,	- Americen Indien, White, etc.
	15. DECEDENT'S I (Specify only highest gi	DUCATION ade completed)	(G/	ve kind of	USUAL O	CCUPATIO	ON st of workin	10	166	b. KIND OF BU	SINESS/INC	USTRY	
COMPLETED	Elementary/Secondery (0-12)	College (1-4 or 5	·)	Do NOT u	se retired.)					Facto	שירי		
SO	17. FATHER'S NAME (First, Middle, Last)				- Maria					Middle, Maiden			
8	190. INFORMANT'S NAME (Type/Print)	Collins	104	MARING	ADDRESS	2 (0)	Eva			tice			
5	and the same of the same	xon		045			mead	19	Route Nurr	13 L			20723
	20a_METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 R 4 Donellon 5 Other (Specify)	emoval from State	20b. PLACE A cemetery, crer	ND DATE	OF DISPOS	ITION (Na	me of	2/2	DAT	20c. LC	CATION -	City or Town	n, State
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	IME HO	ope	22.	NAME AN	已通。 ID ADDRES	SS OF FA	CIUTY S	32 37	P.	on,	.0.Box46
	10000	Ser	(0						/a. 2			ODOTTO
7	23. PART I. Enter the diseases, shock, or heart fellu IMMEDIATE CAUSE (Finel disease or condition resulting in death)	e. List only ona cau	se of each line.									est,	Approximate interval Between Onset and Death
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Conset and Death Due to (or As A consequence or): Chrowic Obstructus Lung Disease Of Sequence of												
CALC	PART II. Other algnificant condit	iona contributing to	death but not re	suiting	in the un	darlying	cause g	ivan in	Part I.	24a, WAS AN		24b. W	ERE AUTOPSY FINDINGS
PHYSICIAN: MEDICA										PERFOR		C	WAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
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ВУ РН	27. MANNER OF OEATH 1 Natural 5 Pending 2 Accident Investigation		ay, Year)		URY M		RK? 'ES 2	NO :	28d. DE	SCRIBE HOW I	NJURY OCC	CURED	
TED	3 Suicide 8 Could not a determined		FINJURY — At honatc. (Specify)	ne, ferm, a	ifreat, fact	ory, office	•			CATION (Street or Town, State)		or Rural Rou	te Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PH	YSICIAN: To the best of INER: On the basic of ex	my knowledge, dea samination end/or in	th occurre	nd at the ti	me, date pinion, de	end place, eath occur	end dua	to the ca	use(s) end mai	nner as atate	ed. e ceuse(s) a	nd menner ee stated.
BE	aul RHE	LLY					29c. LICE	NSE NUM	ABER				longh, Day, Year)
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3	31. DATE FILED (Month, Day, Year)	32. REGISTRA	SIGNATURE DAY ON-PO					11111		u	٥ ډي	7 14	TU
	ILU14 5		,(DHMH 16 Day 1/9

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pital or attending physician.

BALTIMORE, MARTINAND 21215-0020

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	NO	. Aft	de	8	
	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director page	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be in	
	RA	REC	SI	E	l
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	FOR									**	32 06031
	1 - STATE REGISTRAR		STATE OF I	MARYLANI) / DEPAR CERTIF	TMENT	OF DEA	AND W	IENTAL HYGIEN		
	1. DECEDENT'S NAME /FI	Middle. Last)							2. DATE OF DEATH MONTH D		YEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUM		Harriet 5. SEX	6. AGE (In yrs	Cowar	# UNDER 1	YEAR IF UNDE	R 24 HRS.	Feb. 6		
	161-10-21	_	1 🗆 M 2 🎘 F	TANKE, W.	88 YRS.	1	DAYS HOURS	MIN.	Jan. 10,	190	New Jersey
Œ	90. FACILITY NAME (If not in Wellingto	nstitution, give s on Mar	nor Nurs	sing (Ctr.		own or Locat	ION OF DEA	NTN		TY OF DEATH
010	RESIDENCE OF DE									1 1 11	dee George S
DIRECTOR	Maryland	Prin	ice Geor	ge's		y, town on Glena	arden				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FERAL	100. STREET AND NUMBER 8624 Gle		en Parkv	ay			101. ZIP COD 207				EN OF WHAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Dive	Married orced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	ARMED	Hr s	AS DECENDENT (yes, specify Cube YES 2 NO	ın, Mexican,	C ORIGIN? (Specify Yea Puerto Rican, etc.)	or No	14. RACE — American Indian, Black, White, etc. SpecifyBlack
TED	(Specify onl	EDENT'S EDU	CATION completed)	16a.	DECEDENT'S	work done du	UPATION ring most of worki	ng	16b. KIND OF BUS	INESS/INDU	STRY
COMPLETED	Elementary/Secondary (to 10th	1.71	College (1-4 or 5 -)	Sear	mstre				VT.	
BE CO	17. FATHER'S NAME (First, M Charles	Henr	y Beale	<u> </u>			18. MOT	ary .	e (First, Middle, Maiden Porter	Sumame)	
: TO	190. INFORMANT'S NAME (1 Walter	Cowan			196. MAILING	ADDRESS (Street and Number	n Pky	wy. Glen	arde	n,MD 20706
	20e. METNOD OF OISPOSIT 1.X Burial 2 Crematic 4 Donation 5 Other	ION on 3 Rame (Specify)	oval from State	20b.PLAC	THOTTY	of dispositi	on(Name of	Park	2-10 La	ndov	or Town, State er, Maryland
	21. SIGNATURE OF PUNERA	L SERVICE LIC	ENGEL	e	_	22. NA	ME AND ADDRE	SS OF FACI	Jenki	ns F	uneral Home er, MD 20785
	23. PART I. Enter the di ahock, or h	Iseasea, or c	complications that List only one cau	caused the	death. Do r						
	IMMEDIATE CAUSE (Fir disease or condition resulting in death)	nal →	. Sens	15							Onset and Death
Z	0 M-1/- II A M-1/-		Ren.	OR AS A CON	SEQUENCE OF	0	inom	A .			7 Years
ERTIFICATION	Sequentially list conditi if any, leading to imme- cause, Enter UNDERLY!	diate NG	OUE TO	OR AS A CON	SEQUENCE OF	7):	2. 3000				1/4
TIFE	CAUSE (Disease or Inju thet initiated events reauiting in death) LAS		OUE TO	OR AS A CON	SEQUENCE OF	7):					
0	51 T 1 01 1 1	-	1								
MEDICAL	PART II. Other aignifica	nt condition	s contributing to	death but no	t resulting i	n the unde	erlying cause (given in Pa	24s. WAS AN PERFORM	WEO?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE
ME										_ 10	OF DEATH?
AN											1
	25. WAS CASE REFERRED TO	O MEDICAL					26 BLACE OF D	EATH (Charle			
SICI	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO	O MEDICAL	HOSPITAL:	ER/Outpatient	3 DOA	OTHER:	26. PLACE OF D				
PHYSICI	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN		1 Inpetient 2 I	INJURY	26b. TIM	OTHER: 4 Nursing	g Home 5 Re	aldence 6	conly one) Other (Specify) Red. DESCRIBE HOW IN	JURY OCCU	RED
BY PHYSICIAN:	EXAMINER? 1	O MEDICAL Pending	1 Inpetient 2 Inpe	INJURY ly, Year)	26b. TIMI	OTHER: 4 Nursing E OF 28 URY M	G Home 5 Re	aldence 6	Other (Specify)	JURY OCCU	RED
BY	EXAMINER? 1	Pending	1 Inpetient 2 Inpe	INJURY	26b. TIMI	OTHER: 4 Nursing E OF 28 URY M	G Home 5 Re	NO 2	Other (Specify)		
BY	EXAMMER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 2 Accident 3 Suicide 6 4 Homicide 29e. CERTIFIER (Check only	Pending Investigation Could not be determined	28a. DATE OF (Month, Date of the beat of t	INJURY y, Year) INJURY — At atc. (Specify) Try knowledge,	26b. TiMi INJi home, ferm, a	OTHER: 4 Nursing E OF 28 URY M Intree1, factory	g Home 5 Re lc. INJURY AT WORK? 1 YES 2 , office	NO 2	Other (Specify) 28d. DESCRIBE HOW IN 28f. LOCATION (Street a: City or Town, State) the cause(a) and many	nd Number o	r Rural Route Number,
	EXAMMER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 2 Accident 3 Suicide 6 4 Homicide 29e. CERTIFIER (Check only	Pending Investigation Could not be determined IFYING PNYSIC CAL EXAMINES	28a. DATE OF (Month, Da 28a. PLACE OF building, of the beat of a R: On the beat of ax	INJURY y, Year) INJURY — At atc. (Specify) Try knowledge,	26b. TiMi INJi home, ferm, a	OTHER: 4 Nursing E OF 28 URY M Intree1, factory	g Home 5 Re Ic. INJURY AT WORK? 1 YES 2 , office	NO 2	Other (Specify) 28d. DESCRIBE HOW IN 28f. LOCATION (Street as City or Town, State) the cause(a) and manume, data and place, and	nd Number of	Rural Route Number,
E COMPLETED BY	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 2 Accident 3 Suicide 6 6 6 4 Homicide 29a. CERTIFIER (Check only one) 2 MEON	Pending Investigation Could not be determined IFYING PNYSIC CAL EXAMINER	28e. DATE OF (Month, De 28e. PLACE OF building, of the best of a R: On the best of a M. V.	INJURY y, Year) FINJURY — At atc. (Specify) my knowledge, amination and/a	26b. TiMi INJ home, farm, a death occurre or investigation	OTHER: 4 Nursing E OF 28 URY M Intree1, factory	g Home 5 Re Ic. INJURY AT WORK? 1 YES 2 , office	NO 2 and due to	Other (Specify) 28d. DESCRIBE HOW IN 28f. LOCATION (Street as City or Town, State) the cause(a) and manume, data and place, and	nd Number of	r Rural Route Number, I. cause(a) and manner as stated.
BE COMPLETED BY	EXAMMER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 2 Accident 3 Suicide 6 4 Homicide 29s. CETTIFIER (Check only 0ne) 2 MEOL	Pending Investigation Could not be determined IFYING PNYSIC CAL EXAMINER OF CERTIFIER PERSON WHICH PERSON WHI	28e. DATE OF (Month, De 28e. PLACE OF building, de 28e. PLACE OF CAUSE DE 28e. PLACE DE 28e. PLACE DE 28e. PLACE OF CAUSE DE 28e. PLACE DE 28e. PLA	INJURY — At tite. (Specify) Try knowledge, amination and/A	26b. TIMINJI horne, farm, a death occurre or investigation	OTHER: 4 Mursin E of URY M writeel, factory d at the filmen, in my opin	g Home 5 Re Re Re Re Re Re Re Re Re Re	NO 2 and due to	Other (Specify) 28d. DESCRIBE HOW IN 28f. LOCATION (Street as City or Town, State) the cause(a) and manume, data and place, and	nd Number of	I. cause(a) and manner as stated.



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	executed within 24 hours after death.
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	ATTENDING PHYSICIAN: Th
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DIVISION OF VITAL RECORDS, P.O. BOX	THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be ex	THE BINEDAL DIDECTOR. After this partitions has been closed by the offending physician of
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TO BE

31. DATE FILED (Month, Day, Year)

1992

	1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 92 06032												
1	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH	AY	YEAR 3.	TIME OF OEATN
		ert C. Co										92 7	:48A M
	4. SOCIAL SECURITY NUMBER 578-46-3920	5. SEX	6. AGE (In yrs. le:	st birthday) YRS.	MONTHS	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.			7. DATE OF BIRTY 8. BI			8. BIRTHPL	ACE (State or Foreign 190, Illonoi
	9s. FACILITY NAME (If not institution, give s		81	ins.	as our	TOWN 6	OR LOCATI	011 05 05		/1//10			
TOR	5812 Woodland Dri	,					Hei					ce Geo	orge's
DIRECTOR	Maryland Prin		est	юн Heig	hts				10d. INSIDE CITY LIMITS? 1 1 Tyes 2 □ NO				
FUNERAL	100. STREET AND NUMBER 5812 Woodland Drive 101. ZIP CODE 20745 U.S.A.									AT COUNTRY?			
B	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 17. Types 2 Mo 11. Never Married 2 Married 12. WAS DECEDENT OF NISPANIC ORIGIN? (Specify Yes or No— 14. RACE — A Black, Whi Specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 M NO Specify: WWT T									American Indian, /hita, atc.			
	15. OECEOENT'S EDU (Specify only highest grade	CATION completed)	16a, DE	ECEDENT'S	USUAL O	CCUPATIO	ON st of working	19	160	. KIND OF BU	SINESS/IND		
COMPLETED	(Specify only highest grade completed) College (1-4 or 5+) College (1-4 or 5+) 5+ Economist Federal Government								ent				
BE CO													
5	190. INFORMANT'S NAME (Type/Print) Almetta R. Colwel	1								hoor, Chy or Tow Height			745
	20s, METNOD OF DISPOSITION 1 X Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	20b. PLACE	ANO OATE	of disposition pleased	Disc	me of . Ch	. Ce	m 2/	13/92	cation – c Temp1	ety or Town, Le Hil	State Lls,Md.
	21. SIGNATURE OF FUNERAL SERVICE LIC	Kale	A.		22. G 6	eorg	e P. Oxon	Kala Kala Hil	as F 1 Rd	uneral . Oxon	Home Hill	. Md .	20745
	23. PART I. Enter the disesses, or o	complications the List only one ceu	t caused the de	eath. Do r	not entar	tha mo	de of dy	ing, auct	h se car	diac or reap	ratory srre	at,	Approximata Interval Between
	IMMEDIATE CAUSE (Final disease or condition	CF	+ han	Amv)	Ĉ.	Ca	11.2	bo 1	1000	MIN	1	Onset and Death
	resulting in death)	OUE TO	(OR AS A CONSE	OFENCE O	F):	~	Ho	p 1	Pil) man	NA ACC	у	
ATION	Sequantially list conditions, if eny, laeding to immediate cause. Enter UNDERLYING	OUE TO	(OR AS A CONSE	QUENCE O	€) F):	17	SUMME	W		4			
ERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	c. DUE TO	(OR AS A CONSE	OUENCE O	F):								
B		G											
MEDICAL	PART II. Other significant condition	s contributing to	death but not i	resulting	In tha u	ndariying	csuse (given in i	Part I.	24a. WAS AN PERFOR 1 TYES 2	MEO?	AM CO OF	ERE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
										3 1.20 1 3 1.10			
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			0745		ACE OF D	EATH (Che	ick only o	ne)			
YSI	1 YES 2 10	1 🗆 Inpatient 2					5 0 R	sidence	6 € Oth	of (Spenny)			
ву рну	27. MANNES OF OEATH 1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF (Month, D		26b. TIM	E OF JURY M		URY AT RK? 'ES 2	ON [28d. OE	SCRIBE HOW I	NJURY &CC	URED	
ם	3 Suicide 6 Could not be 4 Nomicide determined	28a. PLACE O building,	F INJURY — At ho	ome, farm, :	street, fac	tory, office				CATION (Street or Town, State)	and Number o	or Rural Rout	e Number,
OMPLE	29s. CERTIFIER (Check only one) 1 XXCERTIFYING PNYSI												nd manner sa stated,

Glenn R. Edgecombe, M.D. 7700 Old Branch Ave. Suite B201 Clinton, Md. 20735

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

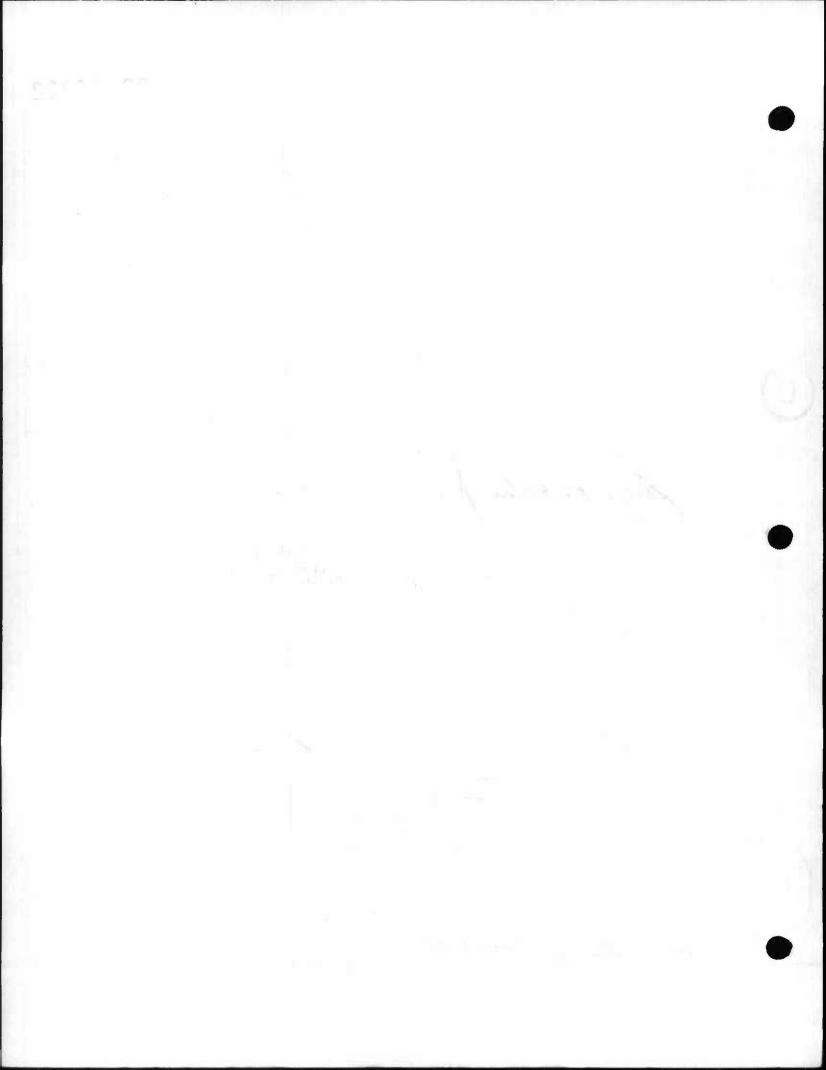
a Davidson-Rondall

29c. LICENSE NUMBER

) 23826

DHMH-16 Rev 1/89

29d. DATE SIGNED (Month, Day, Year) 2/10/92



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or atter TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use a be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF	MARYLAND /	DEPAR	RTMENT	OF E	IEALTH DEA	AND I	MEN	ITAL HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last)	Daphn	Blake	郑	Cran	ner				OATE OF DEATH	NY C	YEAR 2	3. TIME OF DEATH
)	4. SOCIAL SECURITY NUMBER 212-74-1448	5. SEX	Month of the Control					BHRINPLACE (State or Foreign County) Michigan					
	9a. FACILITY NAME (If not institution, give a	74	9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY										
DIRECTOR	Frederick Memorial Hospital Frederick Frederick												
Œ	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION								10d. INSIDE CITY				
	MD Anne Arundel Davidsonville								1 YES 2 XNO				
RA	107. ZIP CODE 109. CITIZEN OF WHAT									WHAT COUNTRY?			
FUNERAL	2791 Rutland Ro						210				US	A	
BY	1 Never Married 2 Married FORCES? 1 YES 2 NO If yes, specify Cuban, Maxican, Puarto Rican, etc.) 14. RACE — Black, W								E — American Indian, k, Whita, etc. W: White				
Ē	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DE	CEDENT'S	USUAL O	CCUPATIO	ON	202	\neg	16b. KIND OF BUS	INESS/IND	USTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	+)		work done of se retired.) ewif		St Of WORK	~		Hous∈	hole	đ	
ŏ	17. FATNER'S NAME (First, Middle, Last)						18. MOT	HER'S NAI	ME (Fil	rst, Middle, Maiden			
BE	Edgar Blakely									Bloom			
TO B	19a, INFORMANT'S NAME (Type/Print)		191	, MAILING	ADDRESS	(Street a				Number, City or Town	, State, Zip	Code)	
F	John B. Cramer									vidsonv			MD
	20a. METNOO OF DISPOSITION 1 Durial 25 Cremation 3 Rame	and from Cont.	20b. PLACE A	NDDATE	OF DISPOS					7	CATION —		
	4 Donation 5 Other (Specify)		- Metr	o C	ther place)	tor	V		1	Ва	ltir	more	e, MD
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	1				D ADORE						
	* Thomps N	Paulo	alin							ral Hom ≥. Anna			
	23. PART I. Enter the diseeses, or cahock, or heart failure.	complications the	nt ceused the decuse on each line.	ath, Do r	not enter	the mo	da of dy	ng, suct	h aa d	cardiec or respir	ratory arr	rest,	Approximata interval Batween
	IMMEDIATE CAUSE (Final disease or condition resulting in death)		COR AS A CONSEC		Ð.			<u>-</u>					Onaet and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	OR AS A CONSECUTION OF	UENCE O		rles	1						
MEDICAL	PART II. Other algorificent condition CEREBRO	S contributing to	death but not re	esulting I	In the un	deriying	ceuse (given in i	Part I	24a. WAS AN A PERFORI	MED?	24b.	WERE AUTOPSY FINDINGS AVARABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER	1:	ACE OF D						
27. MANNER OF DEATN 1										DESCRIBE NOW IN	JURY OCC	CURED	
	3 Suicide 8 Could not be detarmined	28e. PLACE O building,	F INJURY — At hon atc. (Specify)	na, farm, s	street, fecto	ory, office			28f. L	OCATION (Street ar City or Town, State)	nd Number	or Rural R	loute Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSK 2 MEDICAL EXAMINER	CIAN: To the best of R: On the basis of a	my knowledge, dea xamination and/or in	th occurre	nd at the ti	me, data pinion, de	and place, eath occur	and dua t	to the	cause(s) and manr	dua to the	ed. e cause(s)	and manner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	Smith		146)		29c. LICE	NSE NUM	BER	57	29d. DATE	SIGNED	(Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WIND	Smith	SE OF OBATH (ITEM	27) (Type,	Print) FR 1.	3/5/	rick	1	m	Em. Hos	Pit		FAR-SERICK MI)

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TO BE COMPLETED BY FUNERAL DIRECTOR

31. DATE FILEO (Month, Day, Year)
FEB 1 8 1992

32. REGISTRAR'S SIGNATURE
Solia Deviden April 18

1 - STATE REGISTRAR	STATE OF MAR	YLAND / D	EPARTN	MENT OF I	HEALTH AND DEATH	MENTAL		_		
1. DECEDENT'S NAME (First, Middle, Lest)		OLI	1111110	AIE OF	DEATH	2. DATE O	REG. NO.			3. TIME OF DEATH
John Joseph Col	an Cr					MONTH	D/		YEAR	3. TIME OF DEATH
		GE (in yrs. lest bir	rthday) F	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE 0	15-9		0,077,47	PLACE (State or breign
1113-03-33//	K M 2 DF			NTHS DAYS	HOURS MIN.	(Month,	Day, Year)		Country	
9a. FACILITY NAME (If not institution, give street				CITY, TOWN	OR LOCATION OF DI		7.1-7.	9c. COUNT		
2116 Chesapeack	e Harbor	Dr.	E.	Annap	olis			An	ne .	Arundel
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY										
100000000000000000000000000000000000000		11		OWN OR LOCA						10d. INSIDE CITY LIMITS?
MD Anne	Arundel		Ann	apoli	.S			10a CITIZI		1 ☑ YES 2 ☐ NO
2116 Chesapeake	Harbor	Dr F	20+	1 "	21403					TAI COUNTRY?
	2. WAS DECEDENT EVE	RINUS ADMED		13 WAS DEC	ENDENT OF HISPAN	HC OBIOINS	/Paralle Mar		SA	
1 Never Married 2 Married	FORCES? 1 Y	ES 2 NO		If yes, sp	ecify Cuban, Mexica	n, Puerto Ric	can, etc.)	OF NO-	Bleck,	 American Indian, White, atc.
3 Widowed 4 Divorced	WWII	N DAIES		1 L YES	2 NO Specify	y:			Specify	White
15. DECEDENT'S EDUCAT (Specify only highest grade co.	TION	18a. DECED	PENT'S USU	JAL OCCUPATION	ON	16b. F	(IND OF BUS	INESS/INDU	STRY	
	College (1-4 or 5 +)			done during mo tired.)	st of working	17/20				
	California (California)	Pol	icem	an		N	ew Y	ork (City	y P.D.
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA			Surname)		
Richard Colgan					Ange	la C	oine			
19a. INFORMANT'S NAME (Type/Print)		19b. M.	AILING ADD	DRESS (Street a	and Number or Rural I	Route Number	City or Town	n, State, Zip C	lode)	
Anna P. Colgan		2	116	Chesa	peake H	larbo	r Dr	. E.	Anr	napolis,MI
20a. METHOD OF DISPOSITION 1 Durial 2 Cremation 3 Removal		20b. PLACE AND cemetery, cremato			me of	OATE	20c. LOC	CATION - CI	ty or Tow	n, Siste
4 Donation 5 Other (Specify)					ans Cem		Cr	our e i	7:11	Le. MD
21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE 7	1		22, NAME AP	esty fu	CILITY	1 Hom	o D	7	The state of the s
-Thomas 1	dhidi	X		12	Ridgele	Mera	THOM	e, Pa	.A.	MID
1 11/1/19/12/	FULL ELEVI	111					C . L7	mapl	ノエエミ	o' LID
23. PART I. Enter the diseases, or con	nolications that cau	end/the death	Do not a	onter the me	do of children avail	2				
23. PART I. Enter the diseases, or con shock, or heert fallure. Lis	nplications that cause or	eed/the death.	. Do not e	enter the mo	da of dying, suci	h aa cerdia	c or reapi	ratory arres	st,	Approximeta Intervai Between
IMMEDIATE CAUSE (Final	nplications that cause or	eed/the death.	. Do not e	enter the mo	da of dying, suci	h aa cerdia	c or reapid	ratory arres	st,	Approximeta
anock, or meet failule. Lis	CA	lu lu	ns	enter the mo	da of dying, suci	h aa cerdia	c or reapi	ratory arres	st,	Approximeta Interval Between
iMMEDIATE CAUSE (Final disesse or condition	CA	eed/the death.	ns	enter the mo	da of dying, suci	h aa cerdia	c or reaple	ratory arres	st,	Approximeta Interval Between
iMMEDIATE CAUSE (Final disesse or condition	CA DUE TO (OR A	lus a consequer	MS NCE OF	enter the mo	da of dying, suci	h aa cerdia	c or reapi	ratory arres	st,	Approximeta Interval Between
iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentisity list conditions, if any, leading to immediate	CA DUE TO (OR A	lu lu	MS NCE OF	enter the mo	da of dying, suci	h aa cerdia	c or reapi	atory arres	st,	Approximeta Interval Between
iMMEDIATE CAUSE (Final disease or condition resulting in dasth) Sequentisity list conditions, if any, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR A	S A CONSEQUENTS A CONSEQUENTS	NCE OF:	enter the mo	da of dying, suci	h aa cerdia	oc or reapi	ratory arres	st,	Approximeta Interval Between
iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR A	lus a consequer	NCE OF:	enter the mo	da of dying, suci	h aa cerdia	or reapi	ratory arres	st,	Approximeta Interval Between
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BALTIMORE, MARYLAND 21215-002	executed within 24 hours after death. Page 6 may be retained by the possibal or attending only
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STATE	0F	MARYLAND	/ DEPARTMENT	OF I	HEALTH	AND	MENTAL	HYG	ENE
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	1 - FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF H		MENTAL HYGIEN		
175	1. DECEDENT'S NAME (First, Middle, Last)	H. COATE	25				2. 9.	3. TIME OF DEATH AP SOS M
	4. SOCIAL SECURITY NUMBER 577-20-7218	1 1 M 2 □ F 7 C	n yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Ybar) Feb.14,1	922	SHITHPLACE (State or Foreign County ashington DC
108	90. FACILITY NAME (If not institution, give SO MALY/A RESIDENCE OF DECEMENT	. 11	TIME	0	INTON	EATH	Pr. COUNTY	NCE GEONDE
DIRECTOR		n ince George			larlbor	0		10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 5801. Woodyard				20772		U.S	of what country?
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 X YES IF YES, GIVE WAR OR DA	2 NO	If yes, sp	ENDENT OF HISPAI ecify Cuben, Mexics 2 NO Specif	NIC ORIGIN? (Specify Yes, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: Vhite
LETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)		completed) (Give kind of work done during most of working				SINESS/INDUST	RY
COMPL	1.2 17. FATHER'S NAME (First, Middle, Last)		Lab T	echnici	18. MOTNER'S NA	ME (First, Middle, Maiden	Surname)	tation
TO BE	Stuart Coates 190. INFORMANT'S NAME (Type/Print)				nd Number or Rural	e Edna S Route Number, City or Tox	vn, State, Zip Coo	te)
	Paulette Schw 20e. METHOD OF DISPOSITION 1 Burlel 2 & Cremetton 3 Rec	moval from State 20b.	PLACE AND DATE C	F DISPOSITION (Na	me ot 2/2	5 / 1 20c. LC	CATION City	
	21, SIGNATURE OF FUNERAL	- Anna	tropo1.	22. NAME AP	remator DADDRESS OF FA	CILITY	C	NNA POLIS MARYLAND
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CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. DUE TO (OR AS A	CONSEQUENCE OF	4 17	HEK	ly DISE	ノナルミ	
MEDICAL	PART II. Other algorificent condition HYPOTEN CONGEST		RT F	A I GU	g ceuse given in	Part I. 24a. WAS AN PERFO	RMEO2	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Output	ntient 3 🗆 DOA	OTHER:	ACE OF DEATN (Ch	6 Cher (Specify)		
ву рн	27. MANNER OF OEATN 1 Netural 5 Pending 2 Accident Investigation			M 1 .	PRK? YES 2 NO	28d. DEŞCRIBE NOW		
ETED.	3 Suicide 6 Could not be 4 Homicide determined		ffy)			281. LOCATION (Street City or Town, State)	Rurel Route Number,
COMPLETE	(Check only 1 CERTIFYING PNY	SICIAN: To the best of my knowledge: On the besie of examination						nuse(e) end manner ee stated.
TO BE CO	296. SIGNATURE AND TITLE OF DERTIFE	Mon	nof	AC	29c. LICENSE NU) 44	DATE SI	SINED (Month, Day, Joan) 124/42
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	IO INC NOSTINAL ON ALLENDING PRISIDIANS. THE ISM REQUIRES WISH HE DESPITE OF SHOULD SAME OF BIT. PAGE & MAY BE RETAINED BY THE DOSPITAL OF THE	ached fi	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	8
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00 1	5	IL DIR	2 hou	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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DIVISION OF VITAL RECORDS, P.O. BOX 68760

BALTIMORE, MARYLAND 21215-0020

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH

		lwood	Davis						MONTH 2	DAY / FE	2	3:30AM. M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le:	,,	IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	7, DATE OF BIRTH (Month, Day, Year)	ſ	8. BIRTHPI Country)	LACE (State or Foreign
	229-32-0949 9e. FACILITY NAME (If not institution, give		6	O YRS.					8/25/3			ginia
۳ ا			1		9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH						ATH	
5	Carroll County	Spital			<i>l</i> estn	iinst	er		Car	roll		
IR.	10e. STATE 10b. COUR		10c. CIT	Y, TOWN	OR LOCAT	ION				1	Od, INSIDE CITY LIMITS?	
LD	Maryland Car			Uni	on Br						YES 2 NO	
RA					101.	ZIP CODI			tog. CITIZEN OF WHAT COUNTRY?			
FUNERAL DIRECTOR	4801 Green Vall	IT EVER IN U.S. AF							U.S.A	- American Indian,		
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	YES 2 X	NO If yes, specify Cuben, Maxican, Puerto Rican, etc.) 1 YES 2 X NO Specify:						Black, White, etc. Specify:			
											White	
TE	ts. DECEDENT'S Et (Specify only highest gra Elementary/Secondary (0-12)	de completed)	(G	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working the, Do NOT use retired.) (Bive kind of work done during most of working the, Do NOT use retired.)								
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COMPLETED	17. FATHER'S NAME (First, Middle, Last)			Capil	iet i	lakel		IER'S NAM	ME (First, Middle, Maide		ртоле	20
BE (Raymond Earl	Davis						The	lma Hamli	n		
0	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRES	S (Street a	nd Number	or Rural A	loute Number, City or To	wn, State, Zip	Code)	
	Ruth M. Davis		20b. PLACE	4801	Gree	en Va	lley	Rd.	Union B	ridge	. MD	21791
	t Buriel 2 X Cremation 3 Re 4 Donation 5 Other (Specify)	moval from State	cometery, cre	and date	ther plece	SITION (Nai	me of	wico	DATE 20c. L	OCATION —	olty or Town	n, Stata
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE //	- J Carr	011 (22.	NAME AN	D ADDRES	S OF FAC	YLITY			
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	shock, or heart failure IMMEDIATE CAUSE (Finel	e. List only one cer	use on each line		n	,		_	-01		Λ	interval Between Onset and Death
	disease or condition resulting in death)		Ac	inle	. 11	113	n Ca	rd	hal In	Laic	tran	
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NO N	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):										74.73	
SAT	If any, leading to immediate cause. Enter UNDERLYING		(on ho h ooner	ODENOE O	. ,.							İ
Ē	CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CONSE	QUENCE O	F):							
CERTIFICATION	resulting in death) LAST	d										
	PART II. Other algnificant condition	ons contributing to	death but not i	reaulting	In the u	ndarlying	cause g	Ivan in F	Part I. 24e. WAS A			ERE AUTOPSY FINDINGS
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PHYSICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:			OTHE		ACE OF DI	EATH (Che	ck only one)			
HYS	27. MANNER OF DEATH	1 Inpetient 2	ER/Outpatient 3	28b. TIM		zing Home		sidence (28d. DESCRIBE HOW	IN HIRV OCC	Unen	
	1 Natural 5 Pending	(Month, E		IN.	N M	WOR		NO	200. DESCRIBE NOW	MJUHY OCC	OHED	
D BY	2 Accident Investigation 3 Suicide 8 Could not b	28e. PLACE C	F INJURY — At he atc. (Specify)	ome, ferm,	street, fac				28f. LOCATION (Street	and Number	or Rumi Rou	ite Number,
1	4 Homicide determined		are (opeony)						City or Town, State)		
COMPLETED		SICIAN: To the best of										
S I	2 MEDICAL EXAMI	NER: On the beals of a	xamination and/or	investigatio	n, In my	opinion, de	ath occur	ed at the t	lme, data and place, a	nd due to the	cause(s) a	nd manner sa stated,
BE	29b. SIGNATURE AND TITLE DF CERTIE	55m	000	/	, ,		29c. LICE	NSE NUM	BER 7 D J	29d. DATE	SIGNED (M	- 1-
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CALL	SE OF DEATH ITE	M 271 /×	Print)			,	3015		2/2	292
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	31. DATE FILED (Month, Day, Year)	92, REGISTRA	R'S SIGNINTERE	PITTIE	COII	ngts	. rie	итса	1 Ctr. W	estm1)	ister	, PID
	FEB 2 4 '92	gune van	ACON WILLIAM									



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CEH	TIFIC/	ALE OF	DEATH	REG. I	IO.			
1. DECEDENT'S NAME (First, Middle, L	hea Dunca	n				2. DATE OF DEATH MONTH 02	DAY 13	YEAR 92		15A M
4. SOCIAL SECURITY NUMBER		S. AGE (In yrs. lest birt		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		A BIRTH	IPLACE /	(State or Foreign
240-42-2916	1 □ M 2XX	71	YRS. MON	THS DAYS	HOURS MIN.	9/1/20		Sou	ťh	Carolin
9e. FACILITY NAME (If not institution, g	ive etreet and number)		96.	CITY, TOWN C	R LOCATION OF	DEATH	9c. CO	UNTY OF D	EATH	
PRINCE GEORGE	'S HOSPITA	CENTER		CHEVE	RLY		PR	INCE	GEO	RGE 'S
10a. STATE 10b. COI			DC. CITY, TO	WN OR LOCAT	ION				10d. IN	SIDE CITY MITS?
Maryland Mor	rtgomery	ies s	Silve	er Sp	ring					ES 2 NO
100. STREET AND NUMBER 16705 Huntle	ey Place			101	. ZIP CODE			ited		ates
11. MARITAL STATUS		EVER IN U.S. ARMED)	13. WAS DEC	ENDENT OF HISPA	ANIC ORIGIN? (Specify				ricen Indian, etc.
1 Never Merried 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WA	YES 2 TNO			ecify Cuben, Mexic 2 NO Spec	an, Puerto Rican, etc.) Hy:		Speci BT.A	tty:	etc.
15. DECEDENT'S (Specify only highest g	EDUCATION irade completed)	16a. DECED	ENT'S USU	AL OCCUPATIO	ON st of working	16b. KIND OF	BUSINESS/IN		1411	
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do	NOT use ret	ired.)	at or working	Pri	vate			
12		Dome	stic	~						
17. FATHER'S NAME (First, Middle, Last,					18. MOTHER'S N	AME (First, Middle, Mak	len Surname)			
Unknown					Edith	Evans B	athe:	2		
19a. INFORMANT'S NAME (Type/Print)		19b. M	AILINO ADD	PRESS (Street e	nd Number or Rura	Route Number, City or	own, State, Z	ip Code)		
arry Jordan				amar J			MD 20			
20e. METHOO OF DISPOSITION 1 Burlel 2 Cremation 3 1 4 Donation 5 Other (Specify)	Removal from State	20b. PLACE AND cemetery, cremato	ory or other p	lace)			LOCATION -			
21. SIGNATURE OF FUNERAL SERVICE	ELICENSEE	1-1	7			2/17/9 MONTO Hodge Llver Hi				
23. PANY Enter the diseases, shock, or heart failt immediate CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING	s. Due to (OR AS A CONSEQUE	NCE OF):	av	rest	afay	0	lowe	in O	pproximate iterval Between nset and Death
CAUSE (Disease or injury that initiated events resulting in death) LAST	d	PR AS A CONSEQUENT		e underlylng	g cause given in	PERI	AN AUTOPSY ORMED? 2 \(\subseteq NO	24b	AVAILAE	UTOPSY FINDINGS ILLE PRIOR TO ETION OF CAUSE TH?
						_			1 🗌 YE	E\$ 2 NO
25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:		от	26. PL	ACE OF DEATH (C	heck only one)				
1 YES 2 NO	1 Inpatient 2 28a, DATE OF II			-		6 Other (Specify)				
1 Netural 5 Pending 2 Accident Investigati	(Month, Day		b. TIME OF INJURY		PRY AT RK? ES 2 NO	28d. DESCRIBE HO	V INJURY O	CURED		
3 Suicide 8 Could not determine	building, e	INJURY — At home, c. (Specify)	term, street	, factory, office	á	281. LOCATION (Stre City or Town, Str	et and Numbe te)	w or Rural F	Route Nur	nber,
	HYSICIAN: To the best of m) end me	onner es stated.
296. SIGNATURE AND TITLE OF CERT	Monde	ž –			29c. LICENSE NU FO D	6273	>	2/14	192	_
30. NAME AND ADDRESS OF PERSON	MURTH	- 61:	30) Lc	ondor	er Ra	1 4	ana	love	w, 40.
FEB 19 199	2 32. ARGISTRAM	SIGNATURE Pan	dell							

TO THE MOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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	HYS	his c	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ced,	ı
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1 - FOR STATE REGISTRAR	STATE OF MARY		MENT OF HEALTH AND	MENTAL HYGIENI	E 5	12 06038	
1. DECEDENT'S NAME (First, Middle, La	V. DIGG			2. DATE OF DEATH DA		3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER 579-22-5853 9a. FACILITY NAME (If not institution, gi	5. SEX 6. AGE	(In yrs. lest birthday) YRS.	F UNDER 1 YEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN. b. CITY, TOWN OR LOCATION OF	(Month, Day, Year) May 11	0.	BIRTHPLACE (State or Foreign Country) AMHURST CTY	
PRINCE GEORGE S RESIDENCE OF DECEDENT 10a. STATE 10b. COL WASH DC N/A			CHEVERLY		PRINCE	GEORGE'S	
			TNGTON D	С.	40- CITIZEN	10d. INSIDE CITY LIMITS? 1 YES 2 NO	
100. STREET AND NUMBER 2651 16th St 11. MARITAL STATUS	N . W .	BULLS ADVED	20010		USA		
1 Never Married 2 Married 3 XWidowed 4 Divorced 1s. DECEDENT's (Specify only highest girls from the secondary (0-12) 7 th 17. FATHER'S NAME (First, Middle, Last)	FORCES? 1 TYES	2 🖾 NO	13. WAS DECENDENT OF HISI It yes, specify Cyben, Mex 1 YES 2 NO Spe	ican, Puerto Rican, etc.)	or No.— 14.	RACE — American Indian, Black, White, etc. Specify: BT.K	
15. DECEDENT'S 8 (Specify only highest gi Elementary/Secondary (0-12) 7th	EDUCATION rade completed) College (1-4 or 5+)	Me. Do NOT use n	k done during most of working	166. KIND OF BUS	INESS/INDUST		
17. FATHER'S NAME (First, Middle, Last)		DOMES		NAME (First, Middle, Maiden :	Promomot		
WILLIAM VAU	GHTER			VAUGHTER	эшпате)		
19a. INFORMANT'S NAME (Type/Print)		19b. MAILINO AC	DORESS (Street and Number or Rui		State, Zin Co	del	
DOROTHY W. K	EY		CANNING TER				
20e, METHOD OF DISPOSITION 1 Description 2 Cremetton 3 Report Rep		b. PLACE AND DATE OF I	DISPOSITION (Name of Line CEMETERY	2-18-92		or Town, Stata TWOOD, MD	
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE L. Dec O	L,	22. NAME AND ADDRESS OF 7474 LANDO			UNERAL HOME ER MD 20785	
22 Part I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardisc or respiratory strest, shock, optioent feiture. Liet only one cause on each line. IMMEDIATE CAUSE (Final disease or condition) resulting in death) Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):							
PART II. Other significant condit		but not resulting in t	the underlying ceuse given	in Part I. 24a. WAS AN PERFORI	MED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DE CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF DEATH	Check only one)			
1 YES 2 KNO	HOSPITAL: 1 Suppetient 2 ER/Out		THER: Nursing Home 5 Residence	e 8 Other (Specify)			
27. MANNER OF CEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME O	Y 28c. INJURY AT WORK? M 1 YES 2 NO	28d. OEŞCRIBE HOW IN	JURY OCCUR	ED	
3 Suicide 6 Could not 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spe	Y — At home, farm, stre	et, factory, office	28t, LOCATION (Street a City or Town, State)	nd Number or F	Rural Route Number,	
			nt the time, date end place, and d n my opinion, death occured at t			suse(s) and manner as stated.	
29b. SIGNATURE AND TITLE OF CERTIF	mo		29c. LICENSE N	1UMBER 7934	29d. DATE SI	GNED (Month, Day, Year)	
30. NAME AND ADDRESS OF PERSON	MD 7500	Greeno	ugy Center Dr	he #430	Green	bed MD	
FEB 18 199	32. REDISTRAR'S GIGH	dson-Randell	•				

3. TIME OF DEATH

2. DATE OF DEATH

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	WILHELMINA							2. DATE OF DEA	DAY	92	0245 M	
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. lest bir	MONTE	DER 1 YEAR	IF UNDER :	24 HRS.	7. DATE OF BIRT		8. BIRTH	IPLACE (State or Foreign	
	218 12 0492 9e. FACILITY NAME (If not institution, give:	_ ~	70	YRS.			1	Mar. 22				
DIRECTOR	Washington Advent		tal		akoma			TH .		NTY OF B		
REC	10e. STATE 10b. COUNT			c. CITY, TOW							10d. INSIDE CITY LIMITS?	
0	Maryland Princ	ce Georges		Laurel 104, ZIP CODE						1 YES 2 NO		
FUNERAL	9268 Cherry Lane	2		20708							tates	
5	11. MARITAL STATUS 1 Never Married 2 Merried		YES 2 NO	U.S. ARMED 13. WAS DECENDENT OF HISPANI 2 NO 15 yes, specify Cuban, Maxican					Ify Yes or No-	14. RACE Black	- American Indian, L. White, etc.	
BY	3 Widowed 4 Divorced	R OR DATES							Specify White			
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	16a. DECED	ENT'S USUAL	OCCUPATIO	N st of working	,	16b. KIND OF BUSINESS/INDUSTRY					
PE	Elementary/Secondary (0-12)	IIIe. Do	(Give kind of work done during most of working life. Do NOT use retired.)					Own Home				
SOM	17. FATHER'S NAME (First, Middle, Last)		Homer	aker	18, MOTH	ER'S NAME	(First, Middle, M					
BE (William W. Pier				Ann			eragel				
2	19a. INFORMANT'S NAME (Type/Print) Robert E. Dublin	19b. M. 9.2	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9268 Cherry Lane Unit 61 Laurel Md. 20						Code)			
	20s. METHOD OF DISPOSITION	20b. PLACE AND	LACE AND DATE OF DISPOSITION (Name of					61 Laurel Md. 20708 DATE 20c. LOCATION - City or Town, State				
	1XC Buriet 2 Cremation 3 Rem 4 Donation 6 Other (Specify)	Fort L	ry or other place incolr	Ceme	tery	2,				Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LIC	D	22. NAME AND ADDRESS OF FACILITY									
	Beall-Evans Funeral Home, P.A. 16000 Annapolis Rd. Bowie Maryland 207 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such ea cardiac or respiratory arrest. Approximately a second to the complete the mode of dying, such ea cardiac or respiratory arrest.								and 20715			
	IMMEDIATE CAUSE (Final											
	disease or condition	. Ne	mllela	trus	/n/	NIL	1-				Onset and Death	
	resulting in death) But TO (OR AS A CONSEQUENCE OF)											
NO.	Sequentially list conditions, If any leading to immediate											
S	If any, leading to immediate ceuse. Enter UNDERLYING											
	CAUSE (Disease or injury that initiated events resulting in death) LAST											
CERTIFICATION												
	PART II. Other significant condition	s contributing to de	eath but not resul	ting in the	underlying	cause gi	ven in Pa	rt I. 266, W	AS AN AUTOPSY REORMED?	246.	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO	
MEDICAL	Chlw	1						- 1 TY	ES 2 5-NO		COMPLETION OF CAUSE OF DEATH?	
44	Male	· .						-			1 NES 2 NO	
PHYSICIAN	25. WAS LASE REFERRED TO MEDICAL EXAMINER?	ULC PROPERTY.				ACE OF DEA	ATH /Check	only one;				
ı Ş	1 TYES 24 NO	1 Mipotient 2 DE		OA 4 1 N		5 🗆 Resi	idence 6	Other (Specify	9			
	1 Natural 5 Pending	(Month, Day		INJURY	28c. INJU	BK7		Rest. DESCRIBE HOW INJURY OCCURED				
84	2 Accident Investigation 3 Suicide 6 Could not be	29a. PLACE OF I	NJURY — At home, I	arm, street, fo		E8 2 🗌	_	H. LOCATION (S)	beel and Number	or Runsi As	suite Number	
COMPLETED	4 Homicide determined	building, siz	- (okustali)					Oity or Town	Stutej			
릴	(Cheek only	CIAN: To the bost of my	knowledge, death o	ccurred at the	time, date	and place, e	mil due to	the ctuse(s) and	d manner as stat	ed.		
8		R: On the besis of exer	nighting and/or loves	rigation, in my	opinion, de	ath occurred	f et the tim	e, date and plac	os, and due to th	e cause(s)	and manner as stated.	
#	29h. SIGNATUSE AND TITLE OF CERTIFIES	Mm	111	کمما	MYC	SOC LICEN	SE NUMBE	BA	29d. DATE	SIGNED	Mortin, Gry, Years	
위	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (ITEM 27)	(Type, Print)	41.1	1	114	0/0	1	-10	1-1-	
L				and real Part of State								
	31. DATE FILED (Month, Day, Year) FFB 12 1992	32. RECONTRARYS	Davidson-Ra	ndell								
L	120 - 1000	0	•								DHMH-16 Rev 1/89	

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MI-and Addition

BALTIMORE, MARYLAND 21215-0020	n 24 hours after death. Page 6 may be retained by the hospital or attending phy.	ly filled in by the funeral director, page 5 should be detached for use as the bun ation, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicia	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-to filled within 72 hours after death with the State Dept. of Health and Mernal Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH														
		JAMES E	EDWARD D	LXON						Febru		6, 1			
	4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In yrs. la:		IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS.	7. DATE OF I			a. BIRTH Country	PLACE (State or Foreign	
	214-60-530		1 M 2 D F	38	YRS.	MOWINS	DATE	HOURS	Militi.	Aug. 2		53_		yland	
_	9a. FACILITY NAME (If not in	institution, give si	treet and number)			9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEA						ATH			
DIRECTOR	9303 Woodbe	erry St	reet			Lanham						Prin	ce (eorge's	
ដ្ឋ	10a. STATE	10b, COUNTY			10c. CITY	0c. CITY, TOWN OR LOCATION								10d, INSIDE CITY	
# I	Maryland	Prince	e George	S	La	Lanham								LIMITS? VIX YES 2 NO	
	10e. STREET AND NUMBER	1					101	. ZIP COD	E			10g. CITIZ	ZEN OF W	HAT COUNTRY?	
FUNERAL	9303 Woodbe	erry St	reet		20706							U	.S.A		
5	11. MARITAL STATUS			NT EVER IN U.S. AI	ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN						IN? (Specify Yes or No- 14, RACE -			American Indian,	
à	1 New Merried 2 3 Widowed 4 Div			WAR OR DATES		1 YES 2 NO Specify:					Specify: White				
입		CEDENT'S EDU		(0	ive kind of w	I'S USUAL OCCUPATION of work done during most of working					166. KIND OF BUSINESS/INDUSTRY			roh	
COMPLETED	College (1-4 or 5+) Mechan					work done during most of working Production Research cand Welder Corporation					iten				
	17. FATHER'S NAME (First, A Thomas						Me (First, Middo Merch		Sumame)						
TO BE										rst Route Number, City or Yown, State, Zip Code) t, Lanham, Maryland 20706					
	20s. METHOD OF DISPOSITION 1 Suriel 2 Cremation 3 Removal from State 4 Donatton 5 Other (Specify)								2-19	9-92		land		wn, State aryland	
	21. SIGNATURE OF FOMER		Rendon/Haie Lanham Funeral Home												
	· Kerhand Kenly											and 20706			
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):														
ERTIFIC	CAUSE (Disease or Injury that initiated events resulting in death) LAST C. DUE TO (OR AS A CONSEQUENCE OF):														
	PART II. Other aignificant conditions contributing to death but not resulting							-							
MEDICAL				4	reaulting i	n the un	dertyin	g cause	given in		PERFOR	MED?	24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
- 1				4	reaulting i	n the un	derlyin	g cause	given in		PERFOR	MED?	24b	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
- 1		eteo	melle	4	reaulting i		26. P				PERFOR	MED?	24b	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
- 1	25. WAS CASE REFERRED EXAMINER? 1 YES 27 NO	eteo	HOSPITAL:	□ ER/Outpatient		OTHER	26. Pi	LACE OF D	DEATH (Ch	_ 1	PERFOR	MED?	24b	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
PHYSICIAN:	25. WAS CASE REFERRED EXAMINER? 1 YES 2 YONO 27. MANNER OF DEATH	eteo	HOSPITAL: 1 Inpetient 2 28e. DATE 0 (Month,	□ ER/Outpatient F INJURY Day, Year)	3 DOA 26b. TIM	OTHEF 4 Num E OF URY	26, Pl 3: sing Hon 28c, IN. W(LACE OF E	DEATH (Ch	eck only one)	PERFOR	MED?		AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
BY PHYSICIAN: 1	25. WAS CASE REFERRED EXAMINER? 1 YES 2 THO 27. MANNER OF DEATH 15. Natural 5 2 Accident	TO MEDICAL	HOSPITAL: 1 Inpetient 2 28e. DATE 0 (Month,	□ ER/Outpatient F INJURY	3 DOA 26b. TIM	OTHEF 4 Num E OF URY	26, Pl 3: sing Hon 28c, IN. W(LACE OF E	DEATH (Ch	eck only one) 6 Other (S 28d. DESCR	PERFOR YES 2 Specify) IBE HOW IP	MED?	CURED	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
BY PHYSICIAN: 1	25. WAS CASE REFERRED EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 15. Natural 5 2 Accident 3 Suicide 6 4 Homicide 29e. CERTIFIER (Check only)	TO MEDICAL Pending investigation Could not be determined	HOSPITAL: 1 Inpatient 2 28e. DATE 0 (Month, 28e. PLACE building	ER/Outpatient F INJURY Day, Year) OF INJURY — At h , etc. (Specify)	3 DOA 26b. TIM INJ ome, farm, a	OTHEF 4 Num E OF URY M	26, Pi 7: sing Hon 28c, IN. W(1 ory, office	LACE OF DIPLOMENT AT JURY AT JURY AT JURY AT 2 [DEATH (Chromather Chromather Chro	eck only one) 6 Other (S 28d. DESCR 28f. LOCATI City or 1	PERFOR YES 2 ipecity) IBE HOW IP ON (Street ellown, State)	MED? [XNO NJURY OCC Ind Number	or Rural I	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES: 2 NO	
BE COMPLETED BY PHYSICIAN: 1	25. WAS CASE REFERRED EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 15. Natural 5 2 Accident 3 Suicide 6 4 Homicide 29e. CERTIFIER (Check only)	TO MEDICAL Pending Investigation Could not be determined EXTIFYING PHYS	HOSPITAL: 1 Inpatient 2 28e. DATE O (Month, 28e. PLACE building	ER/Outpatient F INJURY Day, Year) OF INJURY — At h , etc. (Specify)	3 DOA 26b. TIMI INJ ome, farm, s	OTHEF 4 Nun E OF URY M street, factoring in my o	26. Pi	LACE OF E	DEATH (Chromather Chromather Chro	eck only one) 6 Other (S 28d. DESCR 28f. LOCATI City or 1	PERFOR YES 2 ipecity) IBE HOW IP ON (Street ellown, State)	NJURY OCCURN NJURY OCCURN NJURY OCCURN Number	or Rural I	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
E COMPLETED BY PHYSICIAN: 1	25. WAS CASE REFERRED EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 15. Netural 5 2 Accident 3 Suicide 6 4 Homicide 29e. CERTIFIER (Check only one) 2 ME 29b. SIGNATURE AND TITL X A SUICIDE AND TITL 30. NAME AND ADDRESS (TO MEDICAL Pending Investigation Could not be determined ATTIFYING PHYSIDICAL EXAMINE E OF CERTIFIE	HOSPITAL: 1 Inpatient 2 28e. DATE 0 (Month, 28e. PLACE building	ER/Outpatient F INJURY Dey, Year) OF INJURY — At h of my knowledge, d examination end/or	3 DOA 26b. TIM INJ ome, ferm, a linvestigatio	OTHEF 4 Nun E OF URY M street, factoring in my o	26. Pl 3: sing Hon 28c. IN. W(1) ory, office ime, date	LACE OF D	DEATH (Chromath Chromath	eck only one) 6 Other (S 28d. DESCR 28f. LOCATI City or 1 to the cause(time, date an	PERFOR YES 2 Specify) IBE HOW IP ON (Street e fown, State) (e) end men	MED? (XNO NJURY OCC and Number aner as stat d due to Ih 29d, DATI	or Rural I	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Noute Number; and menner as stated. (Month, Day, Year) LTY 17, 1992	
BE COMPLETED BY PHYSICIAN: 1	25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 X Natural 5 2 Accident 3 Suicide 6 4 Hornicide 29e. CERTIFIER (Check only one) 2 Mel	TO MEDICAL Pending Investigation Could not be determined ATTIFYING PHYSIDICAL EXAMINE E OF CERTIFIE	HOSPITAL: 1 Inpatient 2 28e. DATE 0 (Month, 28e. PLACE building	ER/Outpatient FINJURY Day, Year) OF INJURY — At h ,, etc. (Specify) of my knowledge, d examination end/or	3 DOA 26b. TIM INJ ome, ferm, a linvestigatio	OTHEF 4 Nun E OF URY M street, factoring in my o	26. Pl 3: sing Hon 28c. IN. W(1) ory, office ime, date	LACE OF D	DEATH (Chromath Chromath	eck only one) 6 Other (S 28d. DESCR 28f. LOCATI City or 1 to the cause(time, date an	PERFOR YES 2 Specify) IBE HOW IP ON (Street e fown, State) (e) end men	MED? (XNO NJURY OCC and Number aner as stat d due to Ih 29d, DATI	or Rural I	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Noute Number; and menner as stated. (Month, Day, Year) LTY 17, 1992	



DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by me in committee in minimum physicial	hours after death. Page 6 may be retained by me hoster or attending physici
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be recently for use as the burial-to filled within 72 hours after death with the State Dect. of Health and Mental Hydiene prior to burial, cremation, or removal.	od in by the funeral director, page 5 should be resolved for use as the burial-it or removal.
IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	medical examiner must be notified at once.

	1 - FOR STATE STATE REGISTRAR	OF MARYLAI		TMENT OF I		MENTAL HYGIEN	E .	92 06041	
	1. DECEDENT'S NAME (First, Middle, Lest) EDNA M			OWNING	DEATH	REG. NO. 2. DATE OF DEATH MONTH 02 10	y c	3. TIME OF DEATH OS: 25 PM	
	4. SOCIAL SECURITY NUMBER 5. SEX 578-16-0458 1 □ M :	₹ 75	9b. CITY, TOWN OR LOCATION			7. DATE OF BIRTH (Month, Day, Year) 09/05/16		6. BIRTNPLACE (State or Foreign Country) WVA	
TOR	96. FACILITY NAME (If not institution, give street and nu NORTH ARUNDEL HOSPIT, RESIDENCE OF DECEDENT					ATN	A.A. COUNTY		
DIRECTOR	Maryland Prince Geo	rge		r, town on Loca ure1	TION			10d. INSIDE CITY LIMITS? 1 YES 2XXNO	
FUNERAL	15615 Dorset Road 11. Marital status				20707		US		
B	1 Never Married 2 Married FORC	ES? 1 YES B, GIVE WAR OR DATE				, Puerto Rican, etc.)	14. RACE — American Indian, Black, White, alc. Specify: Caucasian		
COMPLETED		1-4 or 5+)				16b. KIND OF BUS		STRY	
	17. FATHER'S NAME (First, Middle, Lest) James Baxley		Food Ma	anager		People' (First, Middle, Maiden (irginia 0	Sumame)	g Store	
TO BE	19a. INFORMANT'S NAME (Type/Print) Virginia Blanch		19b. MAJLING 15615	ADDRESS (Street Dorset	0707	(ode)			
	20a. METHOD OF DISPOSITION (XSuriel 2 Cremation 3 Removal from: 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE		LACE AND DATE OF A COLOR OF A COL			02/20 La	urel,	Ity or Town, Slate	
	/ Salar lea	Ley		7601	Sandy Spr	Home, Inc	1, MD 20707		
	23. PART I. Enter the diseases, or complicate shock, or heart fellow. List only IMMEDIATE CAUSE (Finel disease or condition resulting in death)	bue perise on eac	n line.		•	as cardiec or reaple	Interval Between		
ERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	OUE TO (OR AS A C		<i>y</i> .	e Pul	Emaray	-an		
CERT	that Initiated events resulting in death) LAST								
: MEDICAL	PART II. Other algorithment conditions contributions	iting to deeth but	not resulting in	n the underlyin	g ceuse given in P	PERFORMED?		24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 LINO 1 THE	CAL:	land 2 [] 2004	OTHER:	ACE OF DEATN (Chec				
ВУ РНУ	27. MANNER OF DEATH 28s.	DATE OF INJURY (Month, Day, Year)	28b. TIME	E OF 28c. IN.	e 5 Residence 6 URY AT RK? /ES 2 NO	28d. DESCRIBE HOW IN	JURY OCCU	RED	
	1 Suicide 8 Could not be determined	PLACE OF INJURY — building, etc. (Specify)	At home, farm, s	treet, factory, offic		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLETED	29s. CERTIFIER (Check only One) 2 MEDICAL EXAMINER: On the b								
20 20	296, SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO COMPLET		y Do		29c, LICENSE, NUME	684	▶ 2	SIGNED (Month, Day, Year)	
	ONE OF THE CHARLES OF PERSON WHO COMPLETED THE CHARLES OF THE CHARLES OF THE CHARLES OF THE CHARLES OF THE CHARLES OF THE CHARLES OF THE CHARLES OF THE CHARLES OF THE CHARLES OF THE CHARLES OF THE CHARLES OF THE CHARLES	M.D./16	OO CRAI	NHIGHWA	Y S.W.#30	08/GLEN BU	RNIE,	MARYLAND 2106	



21 1992

32. BEGISTRANS SIGNATURE Pandalle

of for use as the burial-transit permit. Pages 1, 2, 3 should

netertal or attending physician.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE REGISTRAR	SIAIE UF MAKYLA		IMENT OF I		MENTAL HYGIE REG. N		00042		
	1. DECEDENT'S NAME (First, Middle, Last)		02.11111	OAIL OI	DEATH	2. DATE OF DEATH	J.	3. TIME OF DEATH		
	GLADYS ALFREDO	DAVIS					DAY 2	11:10 AM		
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In	yrs. last birthday)	IF UNDER t YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTNPLACE (State or Foreign		
	579 26 0832	1 □ M 2 X F 67	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 12/7/24		Country) MARYLAND		
	9e. FACILITY NAME (If not institution, give str			9b. CITY, TOWN	OR LOCATION OF D			TY OF OEATH		
OR	98 CHECTMITT CO	ਹਿਸ਼ਸ਼ਹਾ		FROSTE	TTDC	ALLEGANY				
C	98 CHESTNITT ST RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	- KI I I I					ALLEGANI			
DIRECTOR				, TOWN OR LOCA	TIDN			10d. INSIDE CITY LIMITS?		
-		EGANY	FRO	STBURG			1X YES 2 ND			
RA	POWE	ELLS LANE		10	. ZIP CODE		EN OF WHAT COUNTRY?			
FUNERAL	WINTERWOOD APARIME	12. WAS DECEDENT EVER IN	II S ADMED	42 1480 050	21532		S.A.			
F	1 Never Married 2 Merried	FORCES? 1 YES	27 NO	If yes, sp	ecify Cuban, Mexic	NIC ORIGIN? (Specify Y an, Puerto Rican, atc.)	es or No	t4. RACE — American Indian, Black, White, atc.		
В	3 Widowed 4 Delvorced	E3	1 VES	NO Specif	fy:	- 1	Specify: BLACK			
COMPLETED	15. OECEDENT'S EDUC. (Specify only highest grade of	ATION completed)	16a. DECEDENT'S	USUAL OCCUPATION done during me	ON	16b. KIND OF B	JSINESS/INDU			
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	e retired.)	st or working					
₩P	12	SECRETA	ARY .		FROSTBU	RG PAR	RKS & REC DEPT.			
8	17. FATHER'S NAME (First, Middle, Last)			18. MOTNER'S NA	ME (First, Middle, Meide	n Surname)				
B	CECIL RANDOI	PH				GALLOWAY				
2	19e. INFORMANT'S NAME (Type/Print)					Route Number, City or 3				
	CECIL RANDOLPH									
	CFCTL RANDOLPH FROSTBURG VILLAGE NURSING HOME, FROSTBURG, MD 20e. METNOD OF DISPOSITION VEBURG 2 Cremetton 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, cremetary, c									
	FROSTBURG MEMORIAL PARK 2/19 FROSTBURG, MD 21532									
	22. NAME AND ADDRESS OF FACILITY SOWERS FUNERAL HOME, P.A.									
	60 W. MATN ST. FROSTRIBG MD 21532									
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or hash failure. List only one cause or each list.									
	Interval Batwee IMMEDIATE CAUSE (Final Onset and Dea									
	disease or condition seaulting in death) a. SELF INFLICTED GUNSHOT WOUND TO CHEST									
	DUE TO (DR AS A CONSEQUENCE OF):									
CERTIFICATION	Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF):									
AT	If any, leading to immediate cause. Enter UNDERLYING			,-						
Ħ	CAUSE (Disease or Injury that initiated events	DUE TO (DR AS A C	ONSEDUENCE DF));						
F	that initiated events resulting in death) LAST									
	PART II. Other aignificant conditions	contribution to death but	not reculate a la	Ab						
PHYSICIAN: MEDICAL	The state of the s	contributing to death but	not resulting in	tha undarrying	i cause given in	PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
						t YES	2 🔀 NO	OF DEATH?		
Σ								1 TES 2 NO		
N N	25. WAS CASE REFERRED TO MEDICAL			25 81	ACE DF DEATN (Ch					
SIC		HOSPITAL: 1 Inpetient 2 ER/Outpeti	lent 3 DOA	OTHER:		8 Other (Specify)				
Ĭ	27. MANNER OF DEATN	28e. DATE OF INJURY	28b. TIME			8 U Other (Specify) 28d. DESCRIBE NOW	INJURY OCCI	IBED		
ВУР	1 Natural 5 Pending	(Month, Day, Year) 2/17/92	9:30	RY WO	RK?					
	2 Accident Investigation 3 Suicide 8 Could not be	28e, PLACE OF INJURY	At home term et	43				GUNSHOT WOUND * Rural Route NumberD 2153		
回	4 Homicide determined	HOUSE	")			City or Jown, State	,	REET, FROSTBURG,		
COMPLET	29e. CERTIFIER 1 CERTIFYING PHYSICI	AN: To the best of my knowled	ige, death occurred	f at the time dista	and place, and di					
N N	one) 2 MEDICAL EXAMPLES	On the basic of examination of	nd/or investigation	, in my opinion. de	end prace, and due	time, date and place a	nner ee stated	d. cause(e) end manner as stated.		
- 11	296. SIGNATURE AND TITLE OF CERTIFIER									
8	March La				29c. LICENSE NUI			SIGNED (Month, Day, Year)		
유 🖁	30. NAME AND ADDRESS OF PERSON WND	COMPLETED CAUSE OF DEAT	H (ITEM 27) /5mm (Drint)	D0915	/		2/17/92		

24 W. 3RD ST., (

CUMBERLAND

MD 21502

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notifi-TO THE MOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be restricted to the transfer of the completely filled in by the funeral director, page 5 be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

21000 89

TO THE HOSPITAL OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained of the manual and physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be interpreted for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If ilem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at annea.

	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIF	TMENT OF I	HEALTH AND		IENE NO.		00010		
	1. DECEDENT'S NAME (First, Middle, Last))				2. DATE OF DEA	TH		3. TIME OF DEATH		
	RUTH	ELIZABETH	DA	NIELS		Februar	DAY	YEAR	12:45P M		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT	н		MARYLAND		
	217-10-6317	1 - M 2 X F	74 YRS.	MONTHS DAYS	HOURS MIN.	MAY 26			EGANV CO.		
	9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN	OR LOCATION OF			NTY OF D			
CTOR	Memorial Hospi	tal		Cum	berland		A13	Legar	ny		
DIRECTOR	MARYLAND ALI	LEGANY		, town or loca MBERLANI					10d. INSIDE CITY LIMITS? 1 YES 2 NO		
AL	10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?										
FUNERAL	BOWLING GREEN 12803 A BUNTING STREET 21502										
5	11. MARITAL STATUS 12. WAS DECEMENT EVER IN U.S. ARMED 14. MARITAL STATUS										
	1 Never Married 2 Married	FORCES? 1 YES	DATES	If yes, sp	2 NO Speci	an, Puerto Rican, et	c.)	Black	, White, etc.		
ВУ	3 Widowed 4 Divorced	1			9,000				WHITE		
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad	JCATION le completed)	16a. DECEOENT'S I	USUAL OCCUPATI	ON ost of working	16b. KIND 0	F BUSINESS/IND				
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	e retired.)	or working						
N N	10		CUMBERI.AI	ND_BLOUS	SE FACTO	RY I.A	BORER-SI	FAMS	TRESS		
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N.	AME (First, Middle, M					
BE		RNDOFF			MAY 1	RUSSELL					
2	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADORESS (Street		Route Number, City of		Code)			
-	PATRICIA PARSONS	3	12803	BUNTING	STREE'	T BOWLING	G GRE	EN	CUMBERLAND N		
	20. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Ren		b. PLACE AND DATE O		ame of	OATE 20	c. LOCATION (City or Tox	wn, Stata		
	4 Donation 5 Other (Specify)		REST LAWN	, -,	RY FER	19 1992	TATTATT	274	D377 437D		
	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE	THWIN			ACILITY	LAVALE	, MA	RYLAND		
	22. NAME AND ADDRESS OF FACILITY MERRITT—ADAMS FUNERAL HOME										
	ANA DECATION CORPER COMPEDIAND AND										
	23. PART I. Entar tha diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one ceuse on each line. Approximate interval Between										
	IMMEDIATE CAUSE (Final Onset and Death										
Į	disease or condition resulting in death)	·	+								
		OUE TO (OR AS	A CONSEQUENCE OF):							
Z	(AD)										
Ĕ	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury c. ———————————————————————————————————										
Ë	that initieted events DUE TO (OR AS A CONSECUENCE OF):										
E	resulting in death) LAST d.										
AL C	PART II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS										
					g country green in	PE	RFORMED?		AWAILABLE PRIOR TO		
						1 🗆 YI	ES 2 NO		COMPLETION OF CAUSE DF DEATH?		
PHYSICIAN: MEDIC									1 TYES 2 NO		
A N	AT 1110 0105 DESCRIPTION OF THE PARTY OF THE										
0	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PI	ACE OF GEATH (C)	heck only one)					
YS	1 YES 2 NO	1 Inpatient 2 ER/Out			e 5 🗌 Raaldence	6 - Other (Specify)				
표	27. MANNER OF DEATH 1 Natural 5 Pending	(Month, Day, Year)	28b. TIME		URY AT	28d. DEŞCRIBE H	OW INJURY OCC	URED			
BY	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆	YES 2 NO						
	3 Suicide 6 Could not be	28s. PLACE OF INJURY building, atc. (Spe	f — At home, form, at cify)	reet, factory, offic		28f. LOCATION (S City or Town,		or Rural Ro	oute Number,		
COMPLETED	4 Homicide determined					.,	Jieroy				
2	29a. CERTIFIER (Check only	SICIAN: To the best of my know	riedge, death occurred	d at the time, data	and place, and due	to the cause(a) and	manner se state	d.			
8	one) 2 MEDICAL EXAMINI	ER: On the basia of axamination	n and/or investigation	, in my opinion, d	asth occured at the	time, data and plac	a, and due to the	cause(s)	and menner as stated.		
	296. SIGNATURE AND TITLE OF CENTIFIE		-		29c. LICENSE NU						
BE	KA		- for			мвек 8 D 3 I 5 7		SIGNED	(Moghn, Day, lear)		
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	SUN SIA	Print)	אוכנו ע	0 11 2 1	1. 5	57	117/72		
	Dr. Ranjithan,	517 Oldtown F	Road, Cumi	berland	Md 21	502					
	31. DATFEB 1 9 1992	the in widow it	inder								
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DIVISION OF VITAL RECORDS, F		ı
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	REGISTRAR		LAND / DEPAR CERTIFI	CATE OF	DEATH	REC	G. NO.	2 0604		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF OE. MONTH		3. TIME OF OEA		
	4. SOCIAL SECURITY NUMBER	DAVV 5. SEX 6. AGE	(In yrs. lest birthday)	IF UNDER 1 YEAR	W 199000 04 1990	Februar		92 9:30		
	578-72-0993	1 □ M 2 🖾 F 76	YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	Feb 10	(bar)	BIRTHPLACE (State or Fi Country) Jamaica		
	9e. FACILITY NAME (If not institution, give s		et end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. C							
	Doctors Communit	y Hospital		Lanha	m		Prin	ce George		
	RESIDENCE OF DECEDENT 100. STATE 10b. COUNT			r, TOWN OR LOCA	TION			10d, INSIDE CITY		
UNE	Maryland Princ	ce George's	C	heverly		LIMITS?				
1	10e. STREET AND NUMBER			30	H. ZIP CODE	ing. strikkling.				
	2303 57th Ave	12. WAS DECEDENT EVER	W.11.C. 4.04450		20785		USA			
- 11	1 Never Married 2 Married	2 NO	If yes, s	CENDENT OF NISPAN pecify Cuban, Mexico S 2 NO Specify	n, Puerto Rican, e		4. RACE — American Indi Black, White, etc.			
	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR I		1 1012	S 2 ANO Specify	/·		Specify: BLK		
	15. DECEDENT'S EOU (Specify only highest grade	CATION completed)	16e. DECEDENT'S (Give kind of w life. Do NOT us	rork done during m	ON ost of working	166. KIND	OF BUSINESS/INDU	STRY		
	Elementary/Secondary (0-12) 12th	College (1-4 or 5+)	House w	1		N/A	1			
COMP	17. FATHER'S NAME (First, Middle, Last)				16. MOTNER'S NA	ME (First, Middle, I	Vaiden Surname)			
2	Simeon McCrae				Isabe.	lla Elli	is			
2	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADORESS (Street	end Number or Rural I	Route Number, City	or Town, State, Zip C	ode)		
	Arnold Davy				SE. ST.		JAMAICA			
	20e. METHOD OF DISPOSITION 1	oval from State Co.	metery, cremetory or of	her plecal		1	0c. LOCATION — CI			
	21. SIGNATURE OF FUHERAL SERVICE LIC	DENSEE	UBURBAN	22. NAME A	ND ADDRESS OF EA	2-15-92		R SPRING		
- 1	() semme (no Des O	1		J. LANDOVER			ERAL HOME 20785		
RTIFICATION	Sequentially list conditions, If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
= Ib	that initiated events	DOE TO (OR AS		r						
EDICAL CE		d	but not resulting l		ig cause given in	Р	AS AN AUTOPSY ERFORMED? YES 2 NO	24b. WERE AUTOPSY F AMAILABLE PRIOR COMPLETION OF OF DEATH?		
MEDICAL CE	that initiated events resulting in death) LAST	d	but not resulting l		ig cause given in	Р	ERFORMED?	AMILABLE PRIOR COMPLETION OF		
MEDICAL CE	that initiated events resulting in death) LAST	d	but not resulting l	n the underlyin	ig cause given in	1 D	ERFORMED?	AMILABLE PRIOR COMPLETION OF (OF DEATH?		
SICIAN: MEDICAL CE	PART II. Other algnificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	d	petient 3 🗆 DOA	26. POTHER:		1 D	YES 2 NO	AMILABLE PRIOR COMPLETION OF (OF DEATH?		
PHYSICIAN: MEDICAL CE	PART II. Other algnificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	d. a contributing to death		26. P OTHER: 4 □ Nursing Non EOF 28c. IN. JRY W. W.	LACE OF DEATH (Chrone 5 Residence JURY AT JURY	eck only one) 6 Other (Speci	YES 2 NO	AMALABLE PRIOR COMPLETION OF 6 OF DEATH? 1 YES 2		
BY PHYSICIAN: MEDICAL CE	PART ii. Other algnificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	HOSPITAL: 1 Inpetient 2 ER/Out 28e. DATE OF INJURY (Month, Dey, Year)	patient 3 DOA 26b, TIME	26. P OTHER: 4 □ Nursing Non EOF MY M 1 □	LACE OF DEATH (Chr ne 5 Residence JURY AT 7RK7 YES 2 NO	eck only one) 8 Other (Speci	PRES 2 NO PROPERTY OF THE PROP	AMALABLE PRIOR COMPLETION OF 6 OF DEATH? 1 YES 2		
ED BY PHYSICIAN: MEDICAL CE	PART ii. Other algnificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	d	patient 3 DOA 28b, TIME	26. P OTHER: 4 □ Nursing Non EOF MY M 1 □	LACE OF DEATH (Chr ne 5 Residence JURY AT 7RK7 YES 2 NO	eck only one) 8 Other (Speci	YES 2 1 NO YES 2 1 NO YES 2 1 NO Street and Number or	AMALABLE PRIOR COMPLETION OF 6 OF DEATH? 1 YES 2		
ED BY PHYSICIAN: MEDICAL CE	PART II. Other algnificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined	HOSPITAL: 1 Inpatient 2 ER/Out 25e. DATE OF INJURY (Month, Dey, Veer) 28e. PLACE OF INJUR building, atc. (Spe	patient 3 DOA 28b, TiMe (NJ) Y — At home, farm, as	26. P OTHER: 4 Nursing Non E OF JRY M 1 I	LACE OF DEATH (Chr. ne 5 Residence JURY AT ORK? YES 2 NO	Bock only one) 8 Other (Special Describe 281. LOCATION (City or Town)	YES 2 NO NO NO NO NO NO NO NO NO NO NO NO NO NO N	AMALABLE PRIOR COMPLETION OF GO OF DEATH? 1 YES 2		
ED BY PHYSICIAN: MEDICAL CE	PART II. Other algnificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Acc	HOSPITAL: 1 Inpatient 2 ER/Out 26e. DATE OF INJURY 28e. PLACE OF INJURY	petient 3 DOA 26b. TIME INJU Y— At home, ferm, a	26. P OTHER: 4 □ Nursing Non M 1 □ treet, factory, office d at the time, date	LACE OF DEATH (Chr. ne 5 Residence JURY AT JURY AT JURY 2 NO ce e end place, end due	BCK only one) 5 Other (Special Section (Special Section (Special Section (Special Section (Special Section (Special Section (Special Section (Special Section (Special Section (Special Section (Special Section (Special Sec	YES 2 NO NO Street and Number or State)	AMALABLE PRIOR COMPLETION OF GOOD DEATH? 1 YES 2 RED Rural Route Number,		
E COMPLETED BY PHYSICIAN: MEDICAL CE	PART II. Other algnificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Acc	HOSPITAL: 1 Inpetient 2 ER/Out 28e. DATE OF INJURY (Month, Dey, Year) 28e. PLACE OF INJURY bulk-ting, atc. (Spe	petient 3 DOA 26b. TIME INJU Y— At home, ferm, a	26. P OTHER: 4 □ Nursing Non M 1 □ treet, factory, office d at the time, date	LACE OF DEATH (Chr. ne 5 Residence JURY AT JURY AT JURY 2 NO ce e end place, end due	BCK only one) 8 Other (Special 28d. DESCRIBE 28f. LOCATION (City or Town to the cause(e) at time, date and picture)	YES 2 NO YES 2 NO Street end Number or State) nd menner ee stated see, end due to the common state of t	AMALABLE PRIOR COMPLETION OF GOOD DEATH? 1 YES 2 RED Rural Route Number,		
8	PART II. Other algnificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be datarmined 2 MEDICAL EXAMINER 2 MEDICAL EXAMINER	HOSPITAL: 1 Inpatient 2 ER/Out 26e. DATE OF INJURY (Month, Dey, Year) 28e. PLACE OF INJURY bulkeling, atc. (Spe	Petient 3 DOA 28b. TIME INJU Y — At home, ferm, a wiedge, deeth occurre on end/or investigetion	26. P OTHER: 4 Nursing Non E OF MY M 1 Irrest, factory, office d at the time, date n, in my opinion, d	LACE OF DEATH (Chene 5 Residence JURY AT DRK? YES 2 NO	BCK only one) 8 Other (Special 28d. DESCRIBE 28f. LOCATION (City or Town to the cause(e) at time, date and picture)	YES 2 NO YES 2 NO Street end Number or State) nd menner ee stated see, end due to the common state of t	AMALABLE PRIOR COMPLETION OF GO OF DEATH? 1 YES 2 RED Rural Route Number,		

92 06044

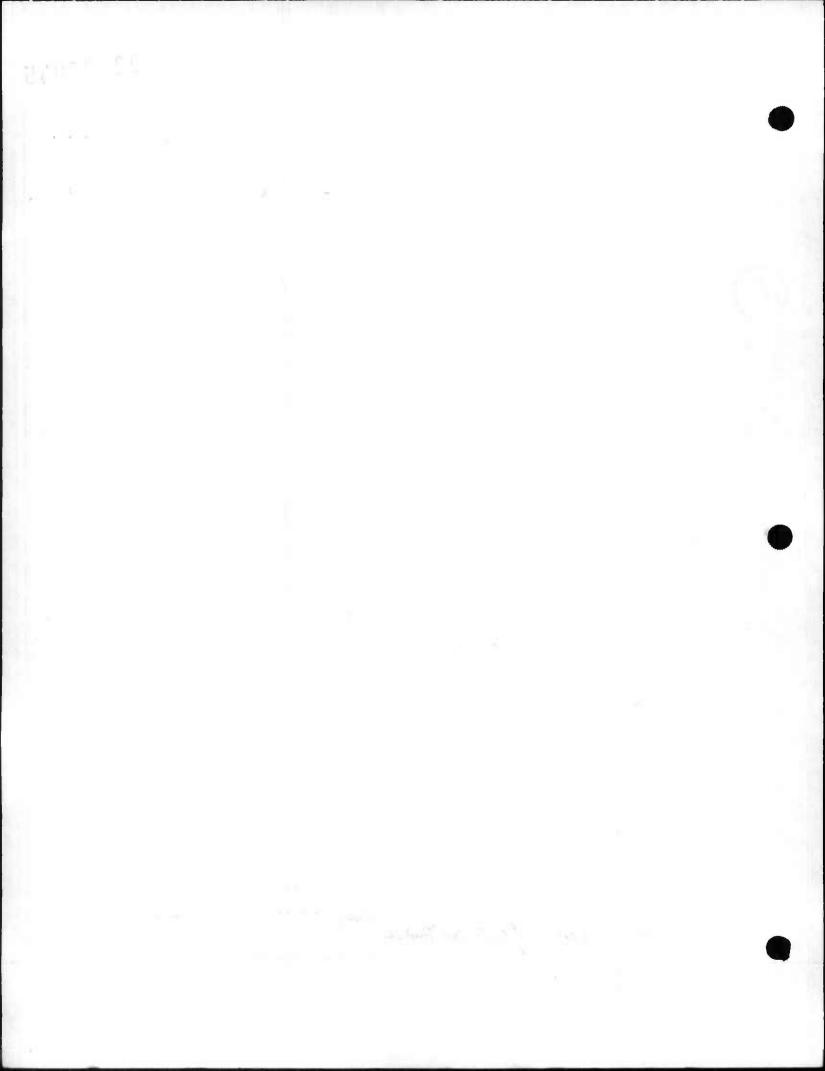
BALTIMORE, MARYLAND 21215-0020

1 - FOR STATE REGISTRAR

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ICIAN: The law	certificate has be	the State Dept.	, or Item 23 sl
PHYSICIAN: The law	this certificate has be	with the State Dept.	rked, or Item 23 s
ING PHYSICIAN: The law	Wher this certificate has be	eath with the State Dept.	marked, or Item 23 s
TENDING PHYSICIAN: The law	OR: After this certificate has be	ter death with the State Dept.	8 is marked, or item 23 s
R ATTENDING PHYSICIAN: The law	RECTOR: After this certificate has be	irs after death with the State Dept.	m 28 is marked, or item 23 s
A OR ATTENDING PHYSICIAN: The law	L DIRECTOR: After this certificate has be	hours after death with the State Dept.	item 28 is marked, or item 23 s
SPITAL OR ATTENDING PHYSICIAN: The law	IERAL DIRECTOR: After this certificate has be	in 72 hours after death with the State Dept.	T: If item 28 is marked, or item 23 s
HOSPITAL OR ATTENDING PHYSICIAN: The law	FUNERAL DIRECTOR: After this certificate has be	within 72 hours after death with the State Dept.	ITANT: If item 28 is marked, or item 23 s
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	STATE OF	MARYLAND / DEPARTMENT CERTIFICATE	MENTAL HYGIENE REG. NO.	
1971				•

9	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH								3. TIME OF DEATH				
	George Benedict DeGENNARO									February & 1992 5.p.m.			
	4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs.		IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTN (Month, Day, Yea)	a. BIRT	NPLACE (State or Foreign
	116-22-5680		1 🕅 M 2 🗌 F	77	YRS.	7.57			1315	April 10	, 191		York
S	9a. FACILITY NAME (If not institution, give street and number) DOCTORS COMMUNITY HOSPITAL LANHAM—SEABROO									777	NCE	GEORGE'S CO.	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY TOWN					v Touri							
<u> </u>	Maryland Prince George's				Lanl	Y, TOWN O	H LOCA	TION					10d. INSIDE CITY LIMITS?
ا د	10e. STREET AND NUMBER		George	3	Dani	Tani	1 40	f. ZIP COD			10- 0	T/751/ 05	1 YES 2 NO
FUNERAL	7204 Martins					20801				S.A.	WHAT COUNTRY?		
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— Block, White, 1 Navoer Married 2 57 Merried 12 FORCES? 1 1 Navoer Married 2 13 Navoer Married 2 14 RACE — Armet Block, White, 1 15 Navoer Married 2 15									E — American Indian,				
à	1 Never Married 2 🔀 3 Widowed 4 Divo			MAR OR DATES	II Ww			S 2 🔯 NO				Spec	
	15. DEC (Specify only	EDENT'S EDUC	CATION completed)		Give kind of				a	16b. KIND OF	BUSINESS/II	NDUSTRY	
COMPLETED	Elementary/Secondary (0	0-12)	College (1-4 or 5	+)	ife. Do NOT us	se retired.)			e	N A C			
F	12th Grade		4 Years	Te	chnic	al Wi	rite	_		N.A.S			
BE CO	17. FATNER'S NAME (First, M George	liddle, Lasi)	De	Gennaro				Mar Mar		Timone			
2	19a. INFORMANT'S NAME (I		aro							Route Number, City or anham, M.			0801
	20a, METHOD OF DISPOSIT		alu		E AND DATE	_			L, L		LOCATION -		
	1 ☑ Burial 2 ☐ Cremalic 4 ☐ Donation 8 ☐ Other		oval from State	cemetery, c	rematory or of Lincol	ther place!			2	-12-92 B			
	21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE	1100	DIIICO.	22. 1	NAME A	ND ADORE	SS OF FA	CILITY			
	Mark	7	1							s Sons F			
\exists	23. PART I. Enter the d	iseasas, or o	complications the	t caused the	daath. Do r	not antar	tha mo	oda of dv	no. suc	Ave, Hya	apiretory a	rrest.	Md. 20781
	ahock, or h IMMEDIATE CAUSE (Fir disease or condition	esrt fallure.	List only one car	use on aach ii	na.			200	5				Interval Between Onset and Death
i	resulting in death) s. CATO 10 P V LUDINARY ACCEST DUE TO (OR AS A CONSEQUENCE OF):												
N N	Sequentially list conditions, If any leading to immediate DUE TO (OR AS A CONSEQUENCE OF):									luce			
RTIFICATION	If sny, leading to imme cause. Enter UNDERLY	ING							TUE	LUNG	DiG	ATT	Vacas
Ĕ	CAUSE (Disease or Inju that initiated eventa		AND DUE TO	(OR AS A CONS	EQUENCE OF	F):	ا دو.	000		CONTO	WU	CA P	town
CERI	resulting in death) LAS	T (er mu	NIT	S							MONUMS
- 11	PART II. Other aignifics	nt condition	s contributing to	death but not	reaulting	in tha un	darlyin	g causa g	lven in	Part i. 24a. WAS	AN AUTOPS	7 24	b. WERE AUTOPSY FINDINGS
EDICAL	(orov	ans o	when a	excident							FORMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE
	CTRO	KE	(,						_	2 110		OF DEATH? 1 YES 2 NO
ž										_			
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:			OTHER		LACE OF D	EATH (Ch	eck only one)			
2	1 TES 2 NO		14 Inpatiant 2	ER/Outpatient	3 🗆 DOA	4 Nun		ne 5 🗆 Re	sidence	8 Other (Specify)			
ВУ РН		Pending Investigation	28a. OATE OF (Month, E		28b, TIM INJ	E OF URY M	WC	JURY AT ORK? YES 2	NO	28d. DESCRIBE HO	W INJURY O	CCUREO	
ED B	3 Suicide 8	Could not be determined	28a. PLACE C building,	OF INJURY At atc. (Specify)	home, farm, a	street, facto	ory, offic	De .		281. LOCATION (Str. City or Town, St	et and Numb	er or Rural	Route Number,
	20a CERTIFIER												
COMPLE	(Check only									to the cause(s) and time, data and place			s) and manner as stated.
2	296, SIGNATURE AND TITLE	OF CERTIFIER	(un					0 -	NSE NUI	Str.	29d. D/	TE SIGNE) (Month, Day, Year)
2	30. NAME AND ADDRESS OF			SE OF DEATH (IT	ЕМ 27) (Туре,	Print)							
	wise 1	WSA	and,	Pau	JCE .	100-0	26-6	नि रा	116	CHOVE	MULLY	W	78FOS (1)
1	31. DATE FILED MONTH DOG 1992 32 AFGRETRANS AND SOFET												



1		STATE REGISTR	AF
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we as the burial-transit permit. Pages 1, 2, 3 should

or attending physician. 21215-0020

BALTIMORE, MARY

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the attending physician and completely filled in by the funeral director, page 5 should be filled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE REGISTRAR	SINIE UF MAN		ICATE OF			NTAL HYGIEN REG. NO.	E	
	1. DECEDENT'S HAME (First, Middle, Last) MATHLDA	W. DAIL	-4				DATE OF DEATH DA	Y	YEAR 1206 A M
	4. SOCIAL SECURITY NUMBER 206-03-5363	5. SEX 6. A	GE (In yrs. lest birthday) O YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS 2	MIN.	DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
	9a. FACILITY NAME (If not institution, give		7 1110.	9b. CITY, TOWN	OR LOCATION		3-16-1912		Pennsylvania
DIRECTOR	Holy Cross Hospit	al		Silver	Spri	ng		1111111111111	gomery
REC	10a. STATE 10b. COUNT		Y, TOWN OR LOCA					10d. IHSIDE CITY LIMITS?	
	Maryland PRINC	E GEORGE'S	Silv					1 X YES 2 NO	
FUNERAL	8202 New Hampshir	e Avenue		-10	20903			U.S.A	eh of what country? A .
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	ER IN U.S. ARMED ES 2 NO R DATES	if yes, s	pecify Cuban,	NISPAHIC (Maxican, P Specify:	ORIGIN? (Specify Yes tuerto Rican, etc.)	or No— t	4. RACE — American Indian, Black, Whita, etc. Specify: White	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12th Grade 16e. DECED (Give N life. Do College (1-4 or 5+)			DENT'S USUAL OCCUPATION kind of work done during most of working NOT use retired.)			Kahns De		
SO	17. FATHER'S NAME (First, Middle, Last)		-	18. MOTHER'S HAME				_	
BE (Steve	Sem	an		Mary	У		St	ooran
2	Dora E. Thomas						Number, City or Town Hyattsvi		
	20a. METHOD OF DISPOSITION 1 Burial 2 Crymation 3 Ren 4 Donation	noval from State	201 PLACE AND DATE Of the state	OF DISPOSITION (N	ame of	2-8			ty or Town, State
	21. SIGNATURE OF FUHERAL MERVICE LI	celsex /	7	22. NAME A	ND ADDRESS	OF FACILITY	TY		
	1/ Cark /	1130kg	an	4739	Baltin	more	Ave., Hyat	tsvi	Home, P.A. Lle, Md. 20781
	23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such ea cerdiec or respiratory arrest, shock, or heart fellure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):								
NO	Sequentially list anadisian CAD								
CATI	if any, leeding to immediate ceuse. Enter UNDERLYING	VA1	S A COHSEQUENCE OF		PRT	DI	SEASE		
CERTIFICATION	CAUSE (Disease or Injury that initiated eventa resulting in deeth) LAST	OUE TO (OR A	S A CONSEQUENCE OF						
Ö	PART II. Other algnificent condition	na contributing to deat	h hut not requision t	- the resident					
PHYSICIAN: MEDICAL			Dut not resulting t	n the underlyin	g cause giv	en in Pan	t I. 24a. WAS AN A PERFORM	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 HO
ä									
Š	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		26. P	ACE OF DEAT	TH (Check o	only one)		
¥	27. MANHER OF DEATH	1 Inputient 2 ER/O	Puripetient 3 DOA	4 Nursing Non	URY AT		Other (Specify)	HIEW OCCU	
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Yea		URY WO	YES 2 H		2. OESCHIBE HOW IN	JUHY OCCUI	REO
	3 Suicide 6 Could not be determined	28e. PLACE OF INJU- building, etc. (S	JRY — At home, farm, a pecify)	treet, factory, offic	•	261	LOCATION (Street an City or Town, State)	d Number or	Rural Route Number,
COMPLETED	29e. CERTIFIER (Chock only one) 1 CERTIFYING PHYSI	ICIAH: To the best of my kn	owledge, death occurre	d at the time, date	end place, ar	nd due to th	ne cause(s) and mann	er as stated.	
	29b. SIGNATURE AND THILL OF CHITIFIE		mon end/or investigation	n, in my opinion, c					suse(e) end manner as stated.
TO BE	30. HAME AHD ADDRESS OF PERSON WH	ms a	1P		29c. LICEHS		63		IGNED (Month, Day, Year) -5-92
	C.M. BEANE	R 11161	N.H. A	15	5100	ER S	SPRING	M	D 20904
	FEB 11 1992 32. REGISTRANT SIGNATURE Randelle								



92 06047 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF OEATH FRANKLIN B. DEAN YEAR Franklin ean. 6 A M 1016 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month,/Day, You 8. BIRTHPLACE (State or Foreign 218282268 1 MM 2 | F DAYS HOURS 17/3 59 MARYLAND 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF CEATH Mercy Medical Centu Baltimore DIRECTOR Pages, 1, 2, 3 Chinere City RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDEJCITY MI Va ANNE ARUNDEL PASADENA 1 YES 2 NO use as the burial-transit permit. FUNERAL 10e. STREET AND NUMBER 8340 CATHERINE AVENUE 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 21122 U.S.A. 24 hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuben, Mexicen, Puerto Rican, etc.) 1 ☐ YES X № Specify: 14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 1 Never Merried 2 Married IF YES, GIVE WAR OR DATES BY Specify: 3 Widowed 4 Divorced BLACK ETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Por Elementary/Secondary (0-12) HEAVY EQUIPMENT College (1-4 or 5+) COMPL page 5 should be detached 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) ĕ LEONARD W. DEAN REBECCA HALL BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 21061 2 CAROLYN SPRIGGS QUIET HOLLOW CT. APT. H GLEN BURNIE, MD must be 20b. PLACE AND DATE OF DISPOSITION (Name of -13 20c. LOCATION - City or Town, State filled in by the funeral director, 1992 HILL CREST CEMETERY ANNAPOLIS, MD. 21401 examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY REESE & SONS MORTUARY, P.A. avu eese WEST ST. ANNAPOLLS, 21401 medicai 23. PART i. Enter the discess, or complications that caused the death. Do not enter the mode of dying, such as cerdisc or respiratory arrest, shock, or heart feilure. List only one ceuse on each line. Approximata 50 IMMEDIATE CAUSE (Finel the Onset and Death signed by the attending physician and completely fille Health and Mental Hygiene prior to burial, cremation, disease or condition resulting in death) rusepsis HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within event. DIVISION OF VITAL RECORDS, P.O. BOX 68760, DUE TO (OR AS A CONSEQUENCE OF) Malnutilia traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if eny, leading to immediate cause. Enter UNDERLYING Mehsphie Colon CAUSE (Disease or injury other that initiated events DUE TO (OR AS A CONSEQUENCE OF): reaulting in death) LAST Injury, or PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 246. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO shows any COMPLETION OF CAUSE 1 TYES 2 L OF DEATH? 1 YES 2 NO this certificate has been with the State Dept. of P PHYSICIAN: 23 Hem 2 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL:
134 Inpatient 2 - ER/Outpatient 3 - DOA OTHER: 1 YES 2 NO 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 6 27. MANNER OF DEATH 26a. DATE OF INJURY 28c. INJURY AT WORK? marked, 26b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 1 Natural DIRECTOR: After the hours after death was 1 YES 2 NO BY 2 Accident Investigation 26e. PLACE OF INJURY — Al home, larm, street, factory, office building, etc. (Specify) 60 3 Sulcide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 28 4 Homicide It item 29e. CERTIFIER 1) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) and menner se stated. TO THE HOSPITAL OF TO THE FUNERAL D be filed within 72 ho 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated. IMPORTANT: 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER ellohan MI a 6 2

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Tevidoon Bondalle

32. REGISTRAR'S SIGNATURE

30. NAME AND ADDRESS OF PERSON

31. DATE FILED (Month, Day, Year)

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	FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use a	I within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buriar, cremation, or removal.	RTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND) / DEPARTM CERTIFICA			ENTAL HYGIENE REG. NO.	92	2 06048
1	1. DECEDENT'S NAME (First, Middle, Lest) CHARLES L. DER	190				2. DATE OF DEATH MONTH DAY	YEAR	
	4. SOCIAL SECURITY NUMBER 5.		i. last birthday) IF I	INDER 1 YEAR THS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 1 av 29,19	6. BIF	ATHPLACE (State or Foreign unity) ennessee
OR	96. FACILITY NAME (If not institution, give street Arre Arrel	1 1	Her 9b.	Anna)	LOCATION OF DEA		9c. COUNTY OF	
DIRECTOR	10e. STATE 10b. COUNTY Maryland Anne	e Arundel	100	wn on Locati				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	10s. STREET AND NUMBER 2572 Riva Road	, Unit 14-B		101.	21401		10g. CITIZEN O	F WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	P. WAS DECEDENT EVER IN U.S FORCES? 1 X YES 2 IF YES, GIVE WAR OR DATES W W TT	If yes, spe			Bi Sp	ACE — American Indian, lack, White, atc. pecify: White	
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12)	ION 16a	AL OCCUPATIO done during mos fred.)	N t of working	16b. KIND OF BUSI	INESS/INDUSTR	Y	
OMP	17. FATHER'S NAME (First, Middle, Last)	2	Engin	16. MOTHER'S NAM	D.C. C		ment	
BE	Roy Thomas DeB	ord	19b. MAILING ADI	PRESS (Street ar	Gertruc	le Michae oute Number, City or Town	2 1 S , State, Zip Code)	21401
2	Audrey DeBord	20h Pi		Lva Ro	ad, Un:	it 14-B.	Annap	olis.MD
	1 Buriel 2 Cremation 3 Remova 4 Donation 8 Other (Specify)	I from State of ceme	etary, crematory or o	ther place) an Cre	matory D ADDRESS OF FAC	Ale		ia, VA
	Duglal S.	Luta	/	Taylo	r Funer	ral Chape		21401 lis.MD
	23. PART I. Enter the diseases, or con- ehock, or heert fellure. Lis IMMEDIATE CAUSE (Finel disease or condition resulting in death) e	t Dnly one ceuse on each	line.	richu	mano	disso		Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO	NSEQUENCE OF):	WSd		her d	isme	
PHYSICIAN: MEDICAL C	PART II. Other significant conditions of	contributing to deeth but r					MED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN		IOSPITAL:		THER:	ACE OF DEATH (Che			
ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b, TIME O	F 28c. INJ	URY AT	28d. DESCRIBE HOW II	NJURY OCCURE	D
	3 Suicide 8 Could not be datermined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm, stree	t, factory, office		281. LOCATION (Street a City or Town, State)	and Number or Ru	rel Route Number,
COMPLETED	one) —	N: To the best of my knowledg						ree(a) and manner as stated,
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	mann			29c, LICENSE NUM	BER 1 4	29d, DATE SIG	NED (Mogth, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WHO		(ITEM 27) (Type, Pri		x Rid	sol Do	e A	monals m
	31, DATE FILED (MONTH), Oby, Year) Lune	PAREGISTRAYPASIGNATA				01	- '\	1 01401

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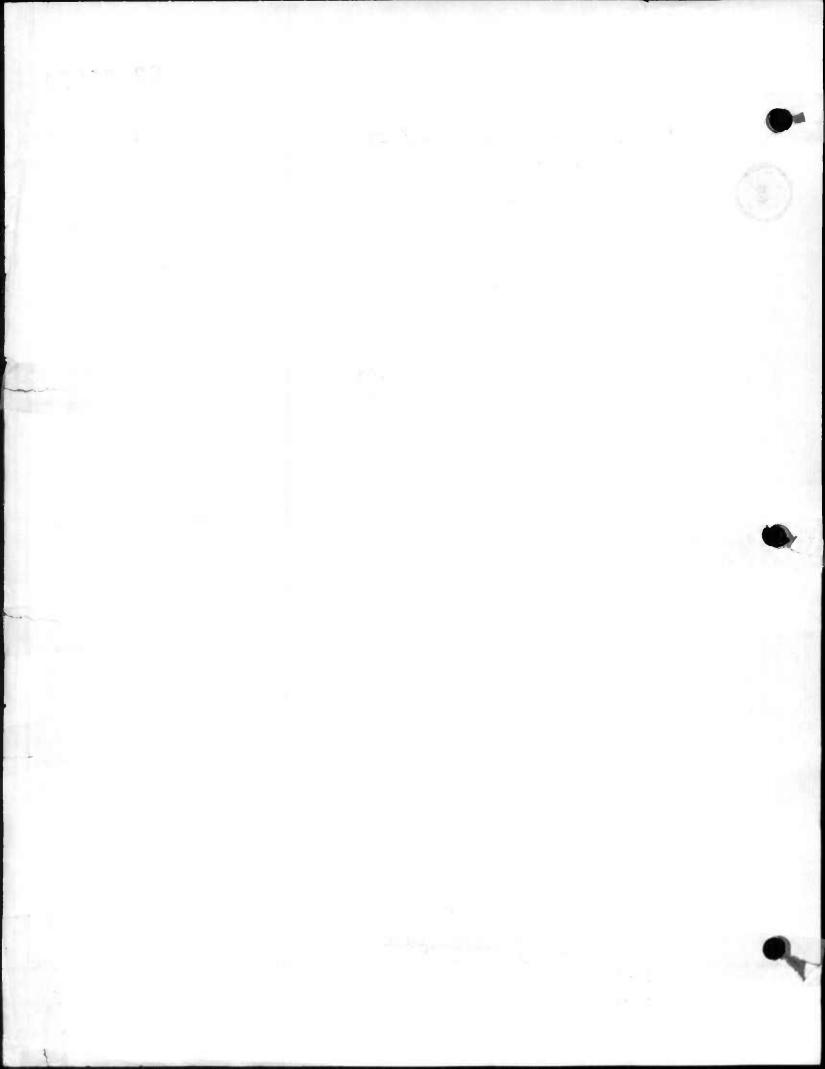
TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE HOSPITAL OR ATTER	THE FUNERAL DIRECTOR	flied within 72 hours after	PORTANT: If item 28

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
1. DECEDENT'S NAME (First, Middle, Last)	avel	2. DATE OF DEATH MONTH DAY

	1 - STATE REGISTRAR	STATE OF N					DEAT		MENTAL HYGIE REG. N			
1		anuel					2. DATE OF DEATH MONTH	DAY	Q Z	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 337267254	5. SEX	6. AGE (In yrs. last b	YRS.	IF UNDER	1 YEAR DAYS	IF UNDER HOURS	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) 5-26-30		Country	PLACE (State or Foreign
TOR	9a. FACILITY NAME (If not institution, give s HAR FORD MCM. RESIDENCE OF DECEDENT	1 11	ospital		11	, TOWN O	P LOCATIO	on of de			NFO R	
DIRECTOR	10a. STATE 10b. COUNTY	forā		10c. CITY, TOWN OR LOCATION Aberdeen							10d. INSIDE CITY LIMITS? 1 TYPES 2 NO	
FUNERAL	10s. STREET AND NUMBER	315 Oak St.				101. ZIP CODE 21 001				10g. CITIZEN OF V		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	T EVER IN U.S. ARME YES 2 NO MAR OR DATES	3. ARMED 13. WAS DECENDENT OF HISPAN				ANIC ORIGIN7 (Specify Yea or No			American Indian, White, etc.	
COMPLETED	15, DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 12	(Give	kind of o NOT u	usual o work done ise retired.)	during mo	ON st of workin	g	16b. KIND OF E	DUSINESS/IN			
BE CO	17. FATHER'S NAME (First, Middle, Lest) Earl Souter					Ma	ry S	ME (First, Middle, Maid helton				
2	190. INFORMANT'S NAME (Type/Print) James Emanuel							MD 21001		(ip Code)		
	20a. METHOD OF DISPOSITION 1	200.7			OF DISPOS		me of				- City or Tow	
	2-20 Darlington, 2-20 Darlin											
CERTIFICATION	ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		erk aleena ONSEQUENCE OF): Consequence OF):							Interval Between Onset and Death 3 deep		
CAL	PART II. Other significant condition	a contributing to	death but not rea	ulting	in the ur	nderlylng	g ceuse g	iven in		AN AUTOPSY DRMED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH3 1 Ses 2 NO
PHTSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 () NO	HOSPITAL:	ER/Outpatient 3 🗆	DOA	OTHE	R:			6 Other (Specify)			
TUL TO	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, Da	INJURY :	28b. TIN	-	28c. INJ WO			28d. DESCRIBE HOV	INJURY O	CCURED	
- 11	3 Suicide 6 Could not ba	28e. PLACE O building,	F INJURY — At home etc. (Specify)	, term,	street, fac	lory, office			281. LOCATION (Stree City or Town, Sta	t and Numbi	er or Rural Ro	ute Number,
COMPLEIED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSH								to the cause(a) and m			and manner as stated.
200	296. SIGNATURE AND TITLE OF CERTIFIER	m).					29c, LICE D 3	NSE NUN		29d, DA		Month, Day, Year)
2	4 mm Rud In my					LUT	LON !	57-	PAYRE D	e Gre	ACE N	ns 21078
	31. DATE FILET PONTO OF WAY	32. REGISTRA	R'S SIGNATURE						-			

		1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.
		1. DECEDENT'S NAME (First, Middle, Last) Philip H. EVERETTE 2. DATE OF DEATH MONTH 2. 11 92 844 A
MARYLAND 21215-0020 retained by the hospital or attending physician. 5 should be detached for use as the burial-transit permit. Pages, notifiled at once.		4. SOCIAL SECURITY NUMBER 5. SEX M 2 F
	DIRECTOR	Anne Arundel Medical Center Annapolis Anne Arundel
		10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Anne Arundel Davidsonville 1 □ YES 2 ▼ NO
	FUNERAL	705 Appomattox Road 21035 United States
	ВУ	11. MARITAL STATUS 1 Never Married 2X Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If YES, GIVE WAR OR DATES NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yaa or No- If, Was, apacify Cuban, Marican, Puerto Rican, etc.) 14. RACE — American Indian, Black, Whita, atc. 15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yaa or No- If, Was, apacify Cuban, Marican, Puerto Rican, etc.) 16. RACE — American Indian, Black, Whita, atc. 17. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yaa or No- If, Was, apacify Cuban, Marican, Puerto Rican, etc.) 18. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yaa or No- If, Was, apacify Cuban, Marican, Puerto Rican, etc.)
O 21215-0 pital or attending od for use as the	COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KINO OF BUSINESS/INDUSTRY
MARYLAND 2: retained by the hospital of 5 should be detached for notified at once.	ш	17. FATNER'S NAME (First, Middle, Last) Coy E. Everette Heating and Air Condition 18. MOTHER'S NAME (First, Middle, Maiden Surname) Dorothy E. Dill
-	TO B	Janet W. Everette 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 705 Appomattox Rd. Davidsonville Md. 21035
BALTIMORE, er death. Page 6 may be the funeral director, page val.		20b. PLACE AND DATE OF DISPOSITION 10b. Burdal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place) 1 Signatum of Funeral Service Licensee 21. SIGNATum of Funeral Service Licensee 22. NAME AND ADDRESS OF FACILITY Beall—Evans Funeral Home, P.A. 16000 Annapolis Rd. Bowie Maryland 20715
C68760, Constitution of the medical completely filled in by it of butlat, cremation, or remonantic event, the medical matic event, the medical constitution of the medical constitution of the medical constitution of the medical constitution of the medical constitution of the medical constitution of the con	TION	23. PART i. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, ahock, or heart fellure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Oue TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate
DS, P.O. Be death certificat the attending phymerial Hygiene physical Hygiene physical phymerial Hygiene physical physical phymerial Hygiene phymerial Hygiene phymerial Hygiene phymerial Hygiene phymerial Hygiene phymeria	L CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF): d. PART II. Other algorificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PINDIN
RECO requires th been signed of Health	MEDI	PERFORMED? 1 YES 2 NO AVAILABLE PRIOR TO COMPAND OF CAUSE OF CEATH? 1 YES 2 NO 1 YES 2 NO
OF VITAL I PHYSICIAN: The law this certificate has b with the State Dept.	PHYSICIAN:	25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 YES 2 WO 1 HOSPITAL: 1 HOSPITA
VISION OF VITA ATTENDING PHYSICIAN: The COTOR: After this certificate his after death with the State D 28 is marked, or Item	ВУ	27. MANNER OF DEATN 1 Natural 5 Pending Investigation 2 Accident 3 Suicide 8 Could not be 28s. PLACE OF INJURY — At home, farm, atreat, factory, office 28s. LOCATION (Street and Number or Rural Route Number, page 18s. PLACE OF INJURY — At home, farm, atreat, factory, office 28s. LOCATION (Street and Number or Rural Route Number, page 28s. LOCATION (Street and Number or Rural Route Number)
DIVISION OR ATTENDING F DIRECTOR: After thours after death item 28 is mar	ETED	4 Monticide detarmined City or Town, State)
DIV TO THE HOSPITAL OR A TO THE FUNERAL DIREC Be filed within 72 hours IMPORTANT: If Item	COMPLETE	(Check only one) 2 MEDICAL EXAMINER: On the basis of axaminstion and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of axaminstion and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.
THE THE PER FIRED IN PORT	TO BE	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year)
		31. OATE FILED (Month, Day, Near) FEB 19 1992 Julia Davidson-Randelle
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31. DATE FILED (Month Day, Year) FEB 1 4

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32. REGISTRAR'S SIGNATURE
Sulia Davidson

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mount	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mount TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely must	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mount TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely flued in be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or man

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH Z 40 P 2. DATE OF DEATH Tuans 10 an 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 24 HRS 8. BIRTHPLACE (State or Foreign 1 🗆 M 2 💢 F DAYS 42-28-0994 81 08-28-10 WINSTON 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATH DIRECTOR SUBURBAN HOSPITAL BETHASDA MD. MONTGOMERY COUNTY RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY MD. MONTGOMERY CTY. BETHESDA YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 5721 GROSVENOR LANE 20814 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Mexicen, Puerto Rican, etc.)

1 YES YOUND Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Merried 2 Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced Black 16a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 12th Maid Private once. 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Malden Surname) Ħ UNKNOWN BE UNKNOWN notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MARY MOPKINS 1802 Q ST. S.E. WASHINGTON D.C. pe 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION -- City or Town, State emetery, crematory or other place)
HARMONY MEMORIAL PARKI-10-92 LANDOVER MD. ■ □ Donation 5 □ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY CAPITOL MORTUARY 1425 MARYLAND AVE. N.E. Enter the diseases, or coordications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. Let only one cause on each light. Approximate Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition neumonia resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. MEDICAL 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO tension COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) EXAMINER? HOSPITAL:
1 Napatient 2 ER/Oulpatient 3 DOA OTHER: 6 Other (Specify) 27. MANNER OF DEATH 280. OATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. OEȘCRIBE NOW INJURY OCCUREO 1 Natural 5 Pending 1 YES BY 2 7 NO 2 Accident PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide COMPLETED 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 6 Could not be 4 Nomicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(s) end manner es stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 2 PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

OCKVILL

DNMH-16 Rev 1/89

BALTIMORE, MARYLAND 21203-3

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF	MARYLAND / DEPARTMEN	IT OF HEALTH	AND	MENTAL	HYGIENE
	CERTIFICAT	E OF DEA	TH		REG. NO.

FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTA	AL HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, Lest) JOHN EDWA	RD FORNEY				2. DATE MONT	E OF DEATH TH DAY	9 9 5	
1. SOCIAL SECURITY NUMBER 220-18-8225	1 M 2 0 F 6	6 YRS. MO	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	2 -	OF BIRTH ith, Day, Year) -1 H - 2	. 9	Maryland
St. Joseph	Horbital	96	-	MONTH LOCATION OF D	EATH		Bal	Himore
Carr	oll	We	ST M		-			10d. INSIDE CITY LIMITS? 1 YES 2 NO
DO. STREET AND NUMBER /// E	s dynnhous	ven D	٧.	ZIP CODE	57		Vnite	of WHAT COUNTRY?
I. MARITAL STATUS Never Married 2 Married Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 2-YES IF YES, GIVE WAR OR DA	2 NO	If yes, sp	ecify Cuban, Maxico 2 X NO Specifi	in, Puarto		100	RACE — American Indian, Black, White, etc. Specify:
15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S USC (Give kind of work ille. Do NOT use re Machin	done during mo tired.)	ON est of working		b. KIND OF BUSIN		cturing
. FATHER'S NAME (First, Middle, Last)		Maciiin	IISU	10 HOTHER'S NA		Middle, Maiden St		cturing
John Thomas Fo	rnev					osephi		lacken
a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street s	and Number or Rural	_			
Pauline K. Dow	ns			shingto				
Burlel 2 Cremetion 3 Remo	oval from State	PLACE OF DISPOSITION other place) nchester I	ON (Name of cer	metery, cremetory or		20c. LOCA	ITION — City	or Town, Stata ester, MD
. SIGNATURE OF FUNERAL SERVICE LIC		Terres oct		ND ADDRESS OF FA		-04-1	TRATICAL	esoci, in
Guarant	En houte	Musiko	91 Wi		tree	t, Wes		ster, MD
IMEDIATE CALISE (Clas)	Cardia C DUE TO (OR AS A	ich liné.)						Interval Between Onset end Des
sequantially list conditions, any, leading to immediate ause. Enter UNDERLYING CAUSE (Disease or injury hat initiated events esuiting in death) LAST	c	CONSEQUENCE OF):	<i>‡</i>					
ART II. Other algnificant condition	a contributing to death b	ut not resulting in t	ha underlyin	g cause given in	Part I.	24s. WAS AN A PERFORM	ED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
5. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	0	THER:	LACE OF OEATH (C				
1 F TES 2 NO	1 ☐ Impatient 2 ☐ ER/Outp	etient 3 DOA 4	Nursing Hon	ne 5 🗆 Residence				-
1 Neturel 5 Pending 2 Accident Investigation	(Month, Day, Year)	28b. TIME O	M 1	JURY AT DRK? YES 2 NO		ESCRIBE HOW IN.		
3 Suicide 6 Could not be detarmined	28a. PLACE OF INJURY building, atc. (Spec	— At nome, term, atre	et, fectory, offic		26f. LO	y or Town, State)	d Number or F	Rural Route Number,
(Original Orin)	CIAN: To the best of my knowl							ouse(a) and manner as stated.
SIL SUBMATURE AND TYTCH OF CHESTIFIE				29c. LICENSE NU				GNED (Mogth, Day, Year)
110 1111								
O. NAME AND ADDRESS OF PERSON WH	O COMPLETEO CAUSE OF DE	ATH (ITEM 27) (Type, Pri	int)	3	117	Z 2111	TALL	SIND 2121
PETER J.	HORNE	FFFE	R	1205	157	ER PIL	FRRE	20/92 SLIMD 2120 PRIVE
FEB 2 4 '92	32. REGISTRAR'S SIGN	ATURE AND						

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by the hosp	be detached		at once.
 be retained	age 5 should		be notified
Раде 6 тау	al director, p.		iner must
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-training	removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
rithin 24 hour	etely filled in	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ent, the me
be executed v	ian and comp	or to bunal, c	aumatic eve
th certificate	lending physic	II Hygiene pri	or other tr
that the dea	ned by the att	Ith and Menta	any injury,
e law requires	has been sign	Dept. of Heal	23 shows
IVSICIAN: The	is certificate	offn the State	ed, or item
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SPITAL OR A	NERAL DIREC	nin 72 hours	NT: If Item
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR

1 - STATE REGISTRAR	SINIE UF MANTL		IMENT OF I		MENTAL HYGIEI REG. NO	_			
1. OECEDENT'S NAME (First, Middle, Last		FISHE	FR	Sv.	2. DATE OF OEATH MONTH	DAY	YEAR 12.401		
4. SOCIAL SECURITY NUMBER 212-10-9481		(In yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Jan. 27,	1911	BIRTHPLACE (State or Foreign Country) Maryland		
90. FACILITY NAME (If not institution, give Carroll Count	street and number)	tal		or LOCATION OF I		9c. COUNT	TY OF DEATH Carroll		
PRESIDENCE OF DECEDENT 10a. STATE 10b. COUN Md.	Baltimore		town on Local Reisters		10d. INSIDE CITY LIMITS? 1 YES 2 NO				
100. STREET AND NUMBER 304 Bryan	stone Rd.		101	ZIP CODE 21136		10g. CITIZEN OF WHAT COUNTRY?			
11. MARITAL STATUS 1 Never Married 2 K Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES	2 NO	If yes, sp	ENOENT OF HISPA ecity Cuban, Mark 2 A NO Spec	-S.A. 14. RACE — American Indian, Black, Whita, atc. Specify: White				
15. OECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	JCATION le completed) College (1-4 or 5+)	completed) (Give kind of work done during most of working							
17. FATHER'S NAME (First, Middle, Last) Harvey Jame	s Fisher			(AME (First, Middle, Maide) Olive Vere	Minni			
19a. INFORMANT'S NAME (Type/Print) Helen L. Fisher		304 B1	yanston	e Rd.,	Route Number, City or To	wn, State, Zip C	· 21136		
20a METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Red 4 Donation 5 Other (Specify)	noval from State	PLACE AND DATE O	F DISPOSITION (Na	Feb.	OATE 20c. LO	ocation - ci	ty or Town, Stata		
21. SIGNATURE OF FUNERAL SERVICE L			22. NAME AF	nd ADORESS OF F	uneral Chaj	pel	21117 ings Mills, N		
immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. End Sta DUE TO (OR AS A DUE TO (OR AS A OUE TO (OR AS A C. KYPHO DUE TO (OR AS A d. CONDUCKY	Ge Choconsequence of Consequence of	sis	obst seas	ruchue]	Bul m	Interval Betwee Onset and De		
PART II. Other significant condition	na contributing to desth be	ut not resulting in	the underlying) cauae given ir	Part I. 24a. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDING AMELABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF OEATH (C	heck only one)				
1 YES 2 NO	1 1 Inpatient 2 ER/Outp				6 Other (Specify)				
1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year) NJURY WORK? 1 YES 2 NO						N INJURY OCCURED		
3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Speci	— At home, farm, st	reet, factory, office	1	28f. LOCATION (Street City or Town, State	and Number or)	Rural Route Number,		
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS	ICIAN: To the best of my knowle	edge, death occurred	at the time, data	and place, and du	to the cause(a) and ma time, date and placa, as	nner as stated	cause(a) and manner as stated.		
29b. SIGNATURE AND TITLE OF CERTIFIE	CoCu	o mx		29c. LICENSE NU			SIGNED (Month, Day, Year)		
30. NAME AND ADDRESS OF PERSON WI	32 PREGISTRAN'S SIGNA		Print)						

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Manager to the control of the contro

DHMH-18 Rev 1/89

ביר וווי וויי וועון וועון	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the in	TO THE FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detact be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
OH HE	death. Page 6 r	e funeral director	examiner mus
	in 24 hours after	ely filled in by th	, the medical
	be executed with	TO THE FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to bunial, cremation, or removal,	traumatic event
	e death certificate	he attending phys Wental Hygiene pr	jury, or other 1
	requires that the	of Health and	shows any in
	SICIAN: The law	certificate has I	d, or item 23
	ATTENDING PHY	CTOR: After this after death with	28 is marked
	HOSPITAL OR /	FUNERAL OIRE	TANT: If Item
	TO THE	TO THE be filed	IMPOR

	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND /		RTMENT				MENT			92	06054
	1. DECEOENT'S NAME (First, Middle, Last)	ROM	C-27	-160	- SO	01	DEA	سرر		REG. NO	AY	YEAR	3. TIME OF DEATN
	4. SOCIAL SECURITY NUMBER 577 62 3921	5. SEX	8. AGE (In yrs. los	of birthday) YRS.		UNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN.			7. DATE OF BIRTH (Morith, Day, Year)		8. BIRTHE Country	HACE (State or Foreign	
TOR	9a. FACILITY NAME (II not institution, give street and number) FAIRLAND NSG HME SILVER SPRING M.D. MON									-	40MER		
DIRECTOR	Maryland Pring	t s	10c. CIT	0 11111						10d, INSIDE CITY LIMITS? 1 X YES 2 NO			
FUNERAL	100. STREET AND NUMBER 5008 Glassmanor					-	. ZIP COD	2074	 5				HAT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced		T EVER IN U.S. AR YES 2 NA WAR OR DATES		H y	es, spe	ENDENT Code	OF NISPAN in, Mexical Specify	n, Puerl	BIN? (Specify Yea o Ricen, etc.)			American Indian, White, etc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementery/Secondary (0-12) 12th	CATION completed) College (1-4 or 5	(Gi life.	CEDENT'S		UPATIO	on st of workin	ng	İ	6b. KIND OF BU			Dont
	17. FATNER'S NAME (First, Middle, Last)	Feathers		aciiri	1150		18. MOTI			, Middle, Maiden e Mande	Surname)	gton	rost
TO BE	Brindsley M. Fo	eathersto	ne la	950	Missi	SS	nd Number	or Rural F	loute Nu	mber, City or Tow	n, State, Zip	Code)	D.C. 20032
	20a. METNOD OF DISPOSITION 1 to Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of campatory or other pigge) Washington National Cem. 2/21/92 Suitland, Maryland 22. NAME AND ADDRESS OF FACILITY												
Ц	· Alebert P.	ils			Ge 61	org	ge P.	. Kal	las 11 I	Funera Rd. Oxo	n Hil	11. M	d. 20745
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory errest, above, or heert failure. List only one cause on each line. Approximate interval Between Onset and Death disease or condition resulting in death) a. Metastatic Curcino at the mode of dying, such as cerdiec or respiratory errest, interval Between Onset and Death 1992 OUE TO (OR AS A CONSEQUENCE OF):												
TION	Sequentially liet conditions, If any, leading to immediate OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):										1992		
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):							1992				
7	PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PRINCIPOR TO COMPLETION OF CAUSE												
PHYSICIAN: MEDIC	- M7 10 1 FG	COLALAS	~						_	1 TYES 2	XNO	0	OMPLETION OF CAUSE OF DEATH? YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES NO	HOSPITAL:	ER/Outpatient 3	□ DOA	QTHER:		ACE OF DE						
ву Рну	27. MANNER OF DEATH 1 Naturel 5 Pending 2 Accident Investigation	28a. DATE OF (Month, 10)		28b. TIMI	Nursing Name 5 Residence 8 Other (Specify) E OF								
	3 Suicide 5 Could not be determined 28a. PLACE OF, INJURY — At home, Ierm, street, factory, office building, etc. (Specify) 28b. LOCATION (Street and Number or Rural Route Number, City or Town, State)												
COMPLETED	296. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 296. SIGNATURE AND LITLE OF, CERTIFIER	R: On the basis of an	my knowledge, dea	th occurre	d at the time	date a	and placa, ath occurr	and dua t	o the c	euse(e) end man le end placa, and	ner es atat	e cause(e) a	and manner ea stated.
TO BE	MO1)+1 ~	M	E OF DEATH (ITEM	27) (Type	Print		D (77) 9		≥ J	13	forth. Day, Year)
		32. REGISTRA	R'S SIGNATURE	193	21 (01	elVi	He	RI	65,	md	8	0910
	FEB 1 9 199	12 8.9	a Davidson	- Aand	est.								

BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-train be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	t be notified at once.
	nted within 24 hours after death. Page 6 m	completely filled in by the funeral director, ial, cremation, or removal.	/IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	equires that the death certificate be execu	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	hows any injury, or other traumati-
IVISION OF VITAL R	R ATTENDING PHYSICIAN: The law re	RECTOR: After this certificate has bee urs after death with the State Dept. o	im 28 is marked, or item 23 sh
٥	TO THE HOSPITAL O	TO THE FUNERAL DI	IMPORTANT: If Ite

TO BE COMPLETED BY FUNERAL DIRECT

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

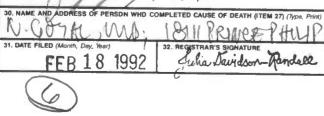
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

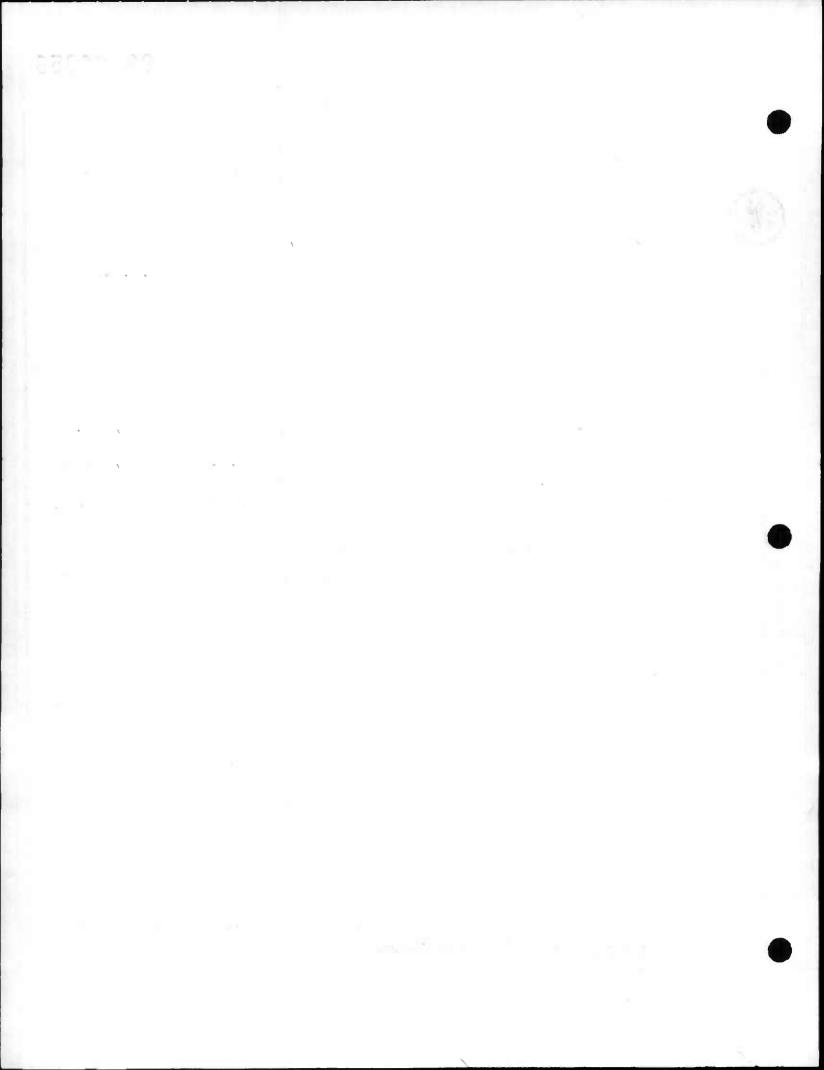
REGISTRAR		CERTIFIC	ATE	OF DEATH		REG. NO.		
DECEDENT'S NAME Wirst, Middle Last)	ce M.	FOLT	2		2. DAT	E OF DEATH	9 JEAR	3. TIME OF DEATH 4 390
SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (In yrs. last birthday)	F UNDER 1 Y	EAR IF UNDER 24 HRS.	7. DAT	E OF BIRTH	8. BIRT	HPLACE (State or Foreign
30-34-0201	1 M 2 K F	90 YRS.	ONTHS D	AYS HOURS MIN.		onth, Day, Year) ch 17,1901	Penr	
. FACILITY NAME (If not institution, give s	treet and number)	9	b. CITY, TO	WN OR LOCATION OF D			COUNTY OF	
rince Georges He	ospital Cen	ter	Che	verly		Pr	ince	Georges
e. STATE 10b. COUNTY	Y	10c. CITY, 1	TOWN OR L	OCATION	_			10d. INSIDE CITY
aryland Prince	e Georges	Fores	stvil_					10d. INSIDE CITY LIMITS? 1 YES 2XX NO
001 Sydney Ave.				20747			.S.A.	WHAT COUNTRY?
1. MARITAL STATUS Never Merried 2 Married Never Merried 2 Divorced	If ye	B DECENDENT OF HISPA is, specify Cuban, Maxic YES 23 NO Speci	an, Puerte		14. RAC Blac Spec	E — American Indian, ok, White, etc.		
15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S US (Give kind of work	k done durir	IPATION ng most of working	10	56. KIND OF BUSINESS	/INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	Advertisi		anager	A	merician	Truck	ing Associat
FATHER'S NAME (First, Middle, Last)						Middle, Maiden Surnan		AUSUCIA
Orville Pealer						windell		
a. INFORMANT'S NAME (Type/Print)		19b. MAILING AF	DRESS /S	treet and Number or Rural			Zin Code	
Barbara Anne Pott	S			Ave., Fore				
Da. METHOD OF DISPOSITION		10b. PLACE AND DATE OF						
© Burial 2 ☐ Cremation 3 ☐ Ram ☐ Donation 5 ☐ Other (Specify)	oval from State	emetery cremetory or other	nlacel	,		TE 20c. LOCATION		
SIGNATURE OF FUNERAL SERVICE LIC	FNSEE?	rlington N	ation	nal Cemete	ry2/	19/92 Arl	ingto	n, VA.
TONERAL SERVICE LIC	ENSES	1 0	22. NAI	WE AND ADDRESS OF F	ACILITY	430	8 Suit	tland Rd.
Truca,	A Neck	rach	Robe	ert E. Wil	helm	.Tnc. Sui	tland.	MD. 20746
Sequentially list conditions, fany, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury hat initiated events	b	S A CONSEQUENCE OF): S A CONSEQUENCE OF):						
esulting in death) LAST	d	A CONSEQUENCE OF J.						
PART II. Other algolificant condition	a contributing to death	but not resulting in	the unda	rlying ceuse given in	Part I.	24a. WAS AN AUTOP PERFORMED? 1 YES 2 AND		WERE AUTOPSY PINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF OEATN? 1 YES 2 NO
5. WAS CASE MEFERRED TO MEDICAL			- :	26. PLACE OF GEATH (C	heck only	one)		
EXAMINER?	HOSPITAL:		THER:	Home 5 🗆 Residence	6 D OH	her (Snecify)		
MANNER OF DEATH 1 Natural 5 Pending	26s. DATE OF INJUR (Month, Day, Year	Y 26b. TIME C	OF 286	c. INJURY AT WORK? YES 2 NO	1	ESCRIBE HOW INJURY	OCCURED	
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	26s. PLACE OF INJU	RY — At home, term, stre			281. LO	OCATION (Street and Nur. by or Town, State)	nber or Rural	Route Number,
one) 2 MEDICAL EXAMINE SIGNATURE AND TITLE OF CERTURE	Chayle		in my opini		a time, da	ta and placa, and dua t	to the cause(a) and manner as stated. O (Month, Day, Year)
I. OATE FILE EB 18' 1992	dribus?	SNATURE Randall	791	Paypum	Ct.	p. Fr	mo.	29748

Annua M. John

	The state of the s
lical examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at ones.
emoval.	be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
by the funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
after death. Page 6 may be retained by the hosp	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hosp
BALTIMORE, MARYLAND	DIVISION OF VITAL RECORDS, P.O. BOX 68760,

									5	6	000	36
	1 - STATE REGISTRAR	STATE OF MARY	LAND /	DEPARTME	NT OF	HEALTH AND	MENTA	L HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last)		CE	RTIFICA	IE OF	DEATH		REG. NO				
		ster					2. DATE MONT 02	of DEATH	2	PRASY	3. TIME OF DEA 7:50	JH TO W
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE	(In yrs. last		DER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH		. BIRTHP	LACE (State or F	Formion
			5	YRS. MONTH	B DAYS	HOURS MIN.		13/0°		Country)	isiana	
_	9a. FACILITY NAME (If not institution, give stre	eet and number)		9b. C	ITY, TOWN	OR LOCATION OF D		13/0	9c. COUNT	Y OF DE	ATH	
DIRECTOR	Montgomery Gene	eral Hosp	ital		01r	ney			Mon	egoi	mery	
E C	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY			10c. CITY. TOW	N OR LOCA	TION						
1 8	Md. Mont	gomery		Broo	kev	ille,					10d. INSIDE CITY	
AL.	10e. STREET AND NUMBER	3			-	of. ZIP CODE			10g. CITIZE		1 YES 2 HAT COUNTRY?	NO
FUNERAL	18733 Tanterra	Way				20833				S.A		
Ē	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARM	MED	3. WAS DE	CENDENT OF HISPA	NIC ORIGIN	1? (Specify Yes	or No- 1	. RACE	- American Indi	lan,
BY	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 24 NO Specify: Specify:											
	15. DECEDENT'S EDUCA	ATION	18a, DEC	EDENT'S USUAL	OCCUPATI	ION .	100	KIND OF DU		Bla	CK	
🗒	16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY 16b. KIND OF BUSINESS/INDUSTR											
MP.	6th		Din	ing Ca	ar W	aitor		Rail	road			
COMPLETED	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname)											
B	Unknown Annie Forrester											
2	19a. INFORMANT'S NAME (Type/Print) Alfrieda W. Foster 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 18733 Tanterra Way Brookeville Md.											
	Droomer Title											
	20s. METHOD OF DISPOSITION 1 Burlai 2 Cremation 3 Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Neme of page 1) 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 1 Date 1 Date 20c. LOCATION - City or Town, State											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Transferred to Johnson F. H. Houston, Texas 22. NAME AND ADDRESS OF FACILITY.											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HALL BLOS. FUNELAL HORYE											
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate											
	shock, or heart failure. Li iMMEDIATE CAUSE (Fine)	st Dnly Dne Cause on	eech line.			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		noo or respi	atory stres	le .	Interval B	etween
	diseese or condition resulting in death)	HEPAT	10	FAIL	URF						1445	Death
		DUE TO (OR AS	A CONSEQU	JENCE OF):	0.0	h . C . c					1/4.943	- 0
S	Sequentially list conditions, 6.	ALCOH	011	CC	KK	MOSIS					YCH	7
ATI	if any, leading to immediate cause, Enter UNDERLYING	DUE TO (OR AS	A CONSEOL	JENCE OF):								
	CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEOU	JENCE OF):							-	
CERTIFICATION	resulting in deeth) LAST										İ	
Ö	PART II. Other significant conditions	contributing to death	hist mad an								+	
EDICA	WIDDM	obitation ting to destill	out iibt rei	suiting in the	undenyin	g ceuse given in	Part I.	PERFORI		A	VERE AUTOPSY FI WAILABLE PRIOR	TO
E							-	1 TYES 2	NO		OMPLETION OF COP DEATH?	AUSE
. M							- 1			1	YES 2	NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				28. PI	ACE OF DEATH (Ch	eck only on	9)		L		
YSIC		HOSPITAL:	patient 3	DOA 4 N	ER:	e 5 🗆 Residence		-				
PH	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)		28b. TIME OF INJURY	28c. INJ			CRIBE HOW IN	JURY OCCUP	ED		
B	2 Accident trivestigation			М	1 🗆	YES 2 ND						
9	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJUR building, atc. (Spe	r — At home city)	e, farm, street, fa	ictory, offic	•	28f. LOCA City o	ATION (Street as or Town, State)	nd Number or	Rural Rou	rte Number,	
E	29a. CERTIFIER											-
COMPLETED	(Check only one) 2 MEDICAL EXAMINER:	AN: To the best of my know On the basis of examination	riedge, deati in and/or in	h occurred at the	time, data	and place, and due	to the cau	se(s) and meni	ner as stated.			
	29b. BJOVATURY AND THILE OF CERTIFIER	. ^			Sprinteri, 0			and piece, and			-	lated.
BE		2 WI)				D 384	ABER 5		29d. DATE S	GHED -	tonin Cay Year	
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED OFFICE				2007	0/			1	1	





TO BE COMPLETED BY FUNERAL DIRECTOR

CTATE OF MADVIAND / DEPARTMENT OF MEALTH AND MENTAL INVOICEME

FOR 1 - STATE REGISTRAR	STATE OF MARY		TMENT OF H		MENTAL	HYGIEN REG. NO.			
1. DECEDENT'S NAME (First, Middle, La: JAMES G	FERGUSON				2. DATE O MONTH FEB	F DEATH		EAR	TIME OF DEATN 4:55 A. M
4. SOCIAL SECURITY NUMBER 223 12 8569		E (In yrs. lest birthdey) 74 Yns.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE O (Month, Jul	F BIRTH Day, Year) 17,19	917 \	BIRTNPLA Country) VIRGI	CE (State or Foreign
9a. FACILITY NAME (If not institution, gla CARRIDGE HILL N				SPRING	EATN		9c. COUNTY	OF DEATH	
RESIDENCE OF DECEDENT 10e. STATE 10b. COU NA NA	NTY		Y, TOWN OR LOCAT						I. INSIDE CITY LIMITS? XYES 2 \(\square\) NO
100. STREET AND NUMBER 145 Darringt	on St.,S.W.			20032			10g. CITIZER	OF WHAT	COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? WAY YE IF YES, GIVE WAR OR	13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify If yes, specify Cuben, Mexicen, Puerto Rican, etc.) 1 YES 2 NO Specify:				Yee or No. 14. RACE — American Indian,			
15. DECEDENT'S E (Specify only highest gr Elementary/Secondery (0-12)	DUCATION ade completed) College (1-4 or 8+)	16e. DECEDENT'S (Give kind of willie. Do NOT us) Clerk	USUAL OCCUPATION Work done during more retired.)	ON st of working	16b. I	************	Govern		
17. FATHER'S NAME (First, Middle, Lest) JAMES A. FERGUSON 16. MOTNER'S NAM NANNIE						lddle, Malden			
190. INFORMANT'S NAME (Type/Print) GEORGIA FERGUSO	(145 Da	arringto	n St.,S.		shing	gton, I	o.c.	
20e. METHOD OF DISPOSITION 1	emoval from State	cob. PLACE OF DISPOS other place) Fairmont	BAptist				cation — ch lison I		irginia
· Meg s	Spen	M859	ALEXA 2617	NDER S. Pennsylv	POPE ania	Avenu	ie,SE I	C 20	020
23. PART I. Enter the diseases, shock, or heart fellu iMMEDIATE CAUSE (Final disease or condition resulting in death)	Respirato	eech ilne.		ede of dying, auc	ch aa cardi	ec or resp	iretory arras	t,	Approximate interval Between Onset and Death minutes
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	- Pneumonia	S A CONSEQUENCE OF	F):	PALSY					2 days YEARS
CAUSE (Disease or injury that initiated events resulting in death) LAST		S A CONSEQUENCE OF		21110					Luiko
PART II. Other aignificent condition DIABETES MEL		but not resulting	in the underlyin	g ceuse given in	Part i.	24a. WAS AN PERFOI 1 YES	AMED?	CO OF	PER AUTOPSY FINOINGS ALLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	Putpetient 3 DOA	OTHER:	LACE OF DEATH (C)		,			
27. MANNER OF DEATH 1 Netural 6 Pending 2 Accident Investigation	28s. DATE OF INJUF (Month, Day, Yea	TY 28b. TIM	IE OF 28c. IN.	JURY AT DRK? YES 2 NO	7		INJURY OCCU	RED	
3 Suicide 6 Could not 4 Homicide determined	building, atc. (S	JRY Al home, farm, s Specify)	street, factory, offic			TION (Street or Town, State	end Number or)	Rural Route	e Number,
onel	IYSICIAN: To the best of my kn IINER: On the basis of examina								d manner ea stated.
296. SIGNATURE AND TITLE OF CERT	Straff	er MI	>	29c. LICENSE NU D2283			≥ Fel		onth, Day, Year) 1992
JAMES SHAFFER,		orth Capi	tol St.,	Washing	ton,	D.C.	20002		
FEBILI 19	92 Julia Da	IGNATURE Pande	00_						

burial-transit permit. Pages 1. 2, 3 should BALTIMORE, MARYLAND 2120 THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hear THE FINEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detained filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to bunial, cremation, or removal. MPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at one.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-18 Rev 1/89

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1		FOR STATE REGISTR	AR
1	. D	ECEDENT'S	NA

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR				CERTIFI	CATE	JF DEA	111		REG. NO.			
1. DECEDENT'S NAME (First,		E FERNA	NDEZ					2. DATE O MONTH	17 1	992	YEAR 3	3. TIME OF DEATH
4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In yrs.	last hirthrian	IF UNDER 1 YE	AD IE IMPE	R 24 HRS.	7. DATE O			e piptubi	LACE (State or Foreign
214-52-841		1 M 2 □ F	42			NYS HOURS	_	(Month,	Day, Year)	9	Country)	RYLAND
9a. FACILITY NAME (If not ins		treet and number)			9b. CITY, TO	WN OR LOCAT	ION OF DE	EATH		9c. COUR	NTY OF DEA	NTH .
454 CORN	ELL C	OURT			GLE	BUR	NIE			AN	NE A	RUNDEL
10a, STATE	10b. COUNTY			10c, CITY	, TOWN OR L	OCATION	-			–	1	10dSIDE CITY
MARYLAND	ANN	E ARUNI	EL	GL	EN BU	JRNIE					1.5	LIMITS?
10e. STREET AND NUMBER		0.110.00				101. ZIP COI				10g. CITI.		IAT COUNTRY?
454 CORNELL COURT 21061 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No- 14. RACE — American Indian,												
1 Never Married 2 🔯	Married	FORCES?	YES M			a, specify Cub				or No-	Black,	- American Indian, White, etc.
3 Widowed 4 Divo		IF YES, GIVE	WAR OR DATES		10	YES X X NO	Specif	y:			Specify:	
	EDENT'S EDU		18s.	DECEDENT'S	USUAL OCCU	PATION		16b.	KIND OF BUS			`
(Specify only Elementary/Secondary (0	higheat grade	College (1-4 or 5		(Give kind of willife. Do NOT use	rork done durir e retired.)	ng most of work	ing	Δ	. A . C	0 1	пгрт	OF
Clamentary/Secondary (o	12)	College (Ind or 5		SECURI	ITY G	UARD			HEALT		JELL	. 01
17. FATHER'S NAME (First, Mi	iddle, Last)			/ -			THER'S NA		liddle, Malden			
NATHIS	FERNA	NDEZ							BRO			
19a. INFORMANT'S NAME (7)				19b. MAILING	ADDRESS (St						Code)	
REGINA FE	RNAND	AZE		454 C	ORNE	LL CT	. GI	EN E	BURNI	E, M	D. 2	21061
20a. METHOD OF DISPOSITI	ON	201	20b. PLA	CE OF DISPOS					_		City or Town	
1 ☑ Surial 2 ☐ Crematio 4 ☐ Donation 8 ☐ Other		oval from State		LL CR	EST	CEMET	ERY		AN	NAPO	LIS,	MD.
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY												
Lar	Larry H. Reese REESE & SONS MORTUARY, P.A. 821 WEST ST. ANNAPOLIS, MD. 21401											
23. PART I. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, euch as cerdiac or respiratory errest, shock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) e. CANCER of the duodenum 15 imos												
DUE TO (OR AS A CONSEQUENCE OF):												
Sequentielly list conditi		b	(OR AS A CON	ISEQUENCE OF	T):							
If any, leading to immediate. Enter UNDERLY	ING											
CAUSE (Disesse or Inju that initiated events	-	DUE TO	(OR AS A CON	SEQUENCE OF	7):							
recuiting in death) LAS	T	d										
PART II. Other significe	nt condition	ns contributing to	death but no	ot resulting i	in the unde	riving ceuse	given In	Part I.	24e, WAS AN	AUTOPSY	24b. 1	WERE AUTOPSY FINDINGS
									PERFOR	RMEO?	1	AVAILABLE PRIDE TO COMPLETION OF CAUSE
								_	1 TYES 2	NO	1	DF DEATH?
				_		-		—				1 TES 2 NO
25. WAS CASE REFERRED TO	O MEDICAL					28. PLACE OF	DEATH /C	heck anh on	m)			
EXAMINER?		HOSPITAL:	ER/Outpation	t 3 □ 004	OTHER:	Homa 5	1					
27. MANNER OF DEATH		28e. DATE O	FINJURY	28b. TIM	E OF 28	c. INJURY AT		T	CRIBE HOW I	NJURY OC	CURED	
	Pending Investigation	(Month,	Day, Year)	INJ	URY	WORK?	□ NO					
2 Deviate	Could not be	28a. PLACE	OF INJURY — A	t home, farm, a	street, factory	office			ATION (Street		r or Rural Ro	oute Number,
	determined	building	, etc. (Specify)					City	or Town, State)			
29a. CERTIFIER 1 CERT	TIFYING PHYS	ICIAN: To the best of	f my knowledae	, death occurre	ed at the time	, data and pla	ce, and du	e to the cau	se(s) and ma	nner as sta	ted.	
0001												and manner as stated.
29b. SIONATURE AND TITLE	OF CERTIFIE	7		-		29c. LI	CENSE NU	MBER		29d. OAT	E SIGNED ((Month, Day, Year)
Farren	u !	how	his)		7.	139	996		•	2-1	9-92
AWRENCE	Mer.	ais Joh	JSE OF DEATH (260	ON.	WOLA	e St.	Bult	hure	140 21205
LAWRENCE MERRIS Johns Hypkins Hospital GOON. Welfe St. Belf hume Jup 21205 31. OFTE FILED (MONTH) Day, 1037) July Javidson-Mandelle												

V.				ATE OF DE	AIII	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last MARGARET		ORD			ATE OF DEATH DAY	YEAR	3. TIME OF DEATH
- 9	4. SOCIAL SECURITY NUMBER			FUNDER 1 YEAR IF UN	DER 24 HRS. 7, D	ATE OF BIRTH	97	()
4	578-12-579]	1/1 M 2/17 c	MC MC	ONTHS DAYS HOUR	S MIN. (A	fonth, Day, Year)	Count	
	9e. FACILITY NAME (If not Institution, give	street end number)	3 YHS.	b. CITY, TOWN OR LOC	ATION OF DEATH	t.8,191	8 Mas	sachuse
#	700 Americana						200	
8	RESIDENCE OF DECEDENT	pirve, who	. 35	Annapo.	LIS	A.	nne Ar	rundel
BE	10e. STATE 10b. COUN	TY	10c. CITY, T	OWH OR LOCATION				10d. INSIDE CITY
ā.	Maryland A	nne Arundel	An	napolis				LIMITS?
ĭ₹	10e. STREET AND NUMBER			101. ZIP C	300	10	g. CITIZEN OF	WHAT COUNTRY?
FUNERA	700 American	a Drive, Ap	t. 35		21403		U.S	.A.
5	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT EVER IN FORCES? 1 YES		13. WAS DECENDEN	T OF HISPANIC OR	IGIN? (Specify Yee or	No- 14. RACI	E — Americen Indian, k, White, etc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D		1 TES 2 N		no nican, etc.)	Spec	ity:
	15. DECEDENT'S ED	I CATION						ite
ETED	(Specify only highest grad	de completed)	(Give kind of work	UAL OCCUPATION done during most of wo stired.)	rking	16b. KIND OF BUSINE	SS/INDUSTRY	
2	Elementary/Secondary (0-12)	Coffege (1-4 or 5 +)	100			77		
COMPL	17. FATHER'S NAME (First, Middle, Last)		nome	maker		Home		
_	Joseph H. Fu	70 A 77				st, Middle, Maiden Surr	ame)	
BE	19a. INFORMANT'S NAME (Type/Print)	rey	100 MAN 1000 400	DRESS (Street and Num		Crowe		
2	John W. Ford							1/2 03
	20e. METHOD OF DISPOSITION	100	PLACE AND DATE OF D	ericand				
	1 Buriel 2 Cremation 3 Red 4 Donation 5 Other Specify	movet from State	notone oromotone as ather	mlman)	1		ON City or To	
- 1	21. SIGNATURE OF FENERAL SERVICE L	CENSEE / /	. Lincol	n Cemete	ery 2/2	2/92 Br	entwoo	d, MD
	Jalley V	1.1				l Chape		21401
4	Jeffuy.	layen		147 GT	licasta	r St A	Longan	
- 1	23 PART I. Shier the diseases, or	complications that caused List only one cause on e	d the death. Do not	enter the mode of	dying, such as o	ardiac or respirate	ory arrest,	Approximate
Ī	IMMEDIATE CAUSE (Final		,					Onset and D
	disease or condition resulting in death)	· Chi	man					
		DUE TO (OR AS A	CONSEQUENCE OF):	. 1 1	N			
S	Consentially, that are distant	a Cum	CONSEQUENCE OF):	ul ju	dur	/		
~ 1	Sequentially list conditions,		CONSEQUENCE OF):	-0110-				
AIK	if any, leading to immediate	Diac	7 1/1/1/	DV1 //				
FICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	· DINS	CONSEQUENCE OF:	llill	7			
RTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	· DINS	CONSEQUENCE OF):	llill	3			
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. DUE TO (OR AS A		llill				
AL CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. DUE TO (OR AS A	ut not resulting in t	he underlying cause	e given in Part i			
DICAL CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. DUE TO (OR AS A	ut not resulting in t	the underlying cause	e given in Part i	24s. WAS AN AUTO PERFORMED	7	AVAILABLE PRIOR TO COMPLETION OF CAU
MEDICAL CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. DUE TO (OR AS A	ut not resulting in t	he underlying cause	e given in Part i	PERFORMED	7	AMAILABLE PRIOR TO COMPLETION OF CAU DF DEATH?
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SICIAIN. MEDI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Oisease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	c. DUE TO (OR AS A	ut not resulting in the		DEATH (Check only	PERFORMED 1 VES 2 one)	7	AMAILABLE PRIOR TO COMPLETION OF CAU DF DEATH?
HTSICIAN: MEDI	If any, leading to immediate cause. Enter UNDERLYING CAUSE. Colsease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO.	c. DUE TO (OR AS A d	ut not resulting in the	28. PLACE OF THER: Nursing Home 5 [2] F 28c. INJURY AT	DEATH (Check only	PERFORMED 1 VES 2 one)	NO	AMAILABLE PRIOR TO COMPLETION OF CAU DF DEATH?
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D BY PHYSICIAN: MEDI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Anitural 5 Pending Investigation 3 Suicide 6 Could not be	d. DUE TO (OR AS A d. HOSPITAL: 1 Inpatient 2 ER/Outp 280. DATE OF INJURY (Month, Day, Year)	extient 3 DOA 4 DOA 1 DOA 4 DOA 1 DOA 4 DOA 1 DOA 4 DOA 1 DOA 4 DOA 1 DO	28. PLACE OF THER: Nursing Home 5 🗗 F 28c. INJURY AT WORK? M 1 📗 YES 2	DEATH (Check only Residence 8 0 0 28d. 1 NO 28f. L	PERFORMED 1 VES 2 one)	NO OCCURED	AMALABLE PRIOR TO COMPLETION OF CAU DF DEATH? 1 YES 2 NO
ETED BY PHYSICIAN: MEDICAL CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE. Colsease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Return 5 Pending Investigation 3 Suicide 6 Could not be determined	DUE TO (OR AS A d. This contributing to death b HOSPITAL: 1 Inpatient 2 ER/Outp 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY	extient 3 DOA 4 DOA 1 DOA 4 DOA 1 DOA 4 DOA 1 DOA 4 DOA 1 DOA 4 DOA 1 DO	28. PLACE OF THER: Nursing Home 5 🗗 F 28c. INJURY AT WORK? M 1 📗 YES 2	DEATH (Check only Residence 8 0 0 28d. 1 NO 28f. L	PERFORMED 1 VES 2 one) ther (Specify) DESCRIBE HOW INJURED OCATION (Street and A	NO OCCURED	AMALABLE PRIOR TO COMPLETION OF CAU DF DEATH? 1 YES 2 NO
ETED BY PHYSICIAN: MEDI	If any, leading to immediate cause. Enter UNDERLYING CAUSE. Colsease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Matural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only)	DUE TO (OR AS A d. This contributing to death b HOSPITAL: 1 Inpatient 2 ER/Outp 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY	bettern 3 DOA 4 DOA 1 DOA 4 DOA 1 DOA 4 DOA 1 DOA 4 DOA 1 DO	28. PLACE OF THER: Nursing Home 5 Pr Sec. INJURY AT WORK? M 1 YES 2	DEATH (Check only Realdence 8 0 28d.1	PERFORMED 1 YES 2 1 One) ther (Specify) DESCRIBE HOW INJUF OCATION (Street end A lity or Fown, State)	TY OCCURED	AMAILABLE PRIOR TO COMPLETION OF CAU DF DEATH? 1 YES 2 NO
ETED BY PHYSICIAN: MEDI	If any, leading to immediate cause. Enter UNDERLYING CAUSE. Colsease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Matural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only)	DUE TO (OR AS A d. This contributing to death b HOSPITAL: 1 Inpatient 2 ER/Outp 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, atc. (Speci	extient 3 DOA 4 CONTROL OF At home, ferm, stree	28. PLACE OF THER: Nursing Home 5 F Sec. INJURY AT WORK7 1 YES 2 1, fectory, office	DEATH (Check only Residence 8 0 28d. I NO 28f. L Cce, end due to the	PERFORMED 1 VES 2 One) ther (Specify) DESCRIBE HOW INJUR OCATION (Street end fifty or Yown, State)	NO OCCURED Jumber or Rural R	AMAILABLE PRIOR TO COMPLETION OF CAU DF DEATH? 1 YES 2 700
E COMPLETED BY PHYSICIAN: MEDI	If any, leading to immediate cause. Enter UNDERLYING CAUSE. Colsease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Matural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only)	DUE TO (OR AS A d. DUE TO (O	extient 3 DOA 4 CONTROL OF At home, ferm, stree	28. PLACE OF THER: Nursing Home 5 Gr F 28c. INJURY AT WORK? M 1 YES 2 It, fectory, office	DEATH (Check only Residence 8 0 28d. I NO 28f. L Cce, end due to the	PERFORMED 1 YES 2 One) ther (Specify) DESCRIBE HOW INJUF OCATION (Street end A fity or Fown, State) cause(e) end menner stee end place, end du	TY OCCURED Iumber or Rural R ee stated.	AMAILABLE PRIOR TO COMPLETION OF CAU DF DEATH? 1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDI	If any, leading to immediate cause. Enter UNDERLYING CAUSE. Chise or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Ratural 5 Pending Investigation 3 Suicide 6 Could not be determined 290. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	DUE TO (OR AS A d. DUE TO (O	extient 3 DOA 4 CONTROL OF At home, ferm, stree	28. PLACE OF THER: Nursing Home 5 Gr F 28c. INJURY AT WORK? M 1 YES 2 It, fectory, office	DEATH (Check only Residence 8 0 28d. t NO 28f. L ce, end due to the	PERFORMED 1 YES 2 One) ther (Specify) DESCRIBE HOW INJUF OCATION (Street end A fity or Fown, State) cause(e) end menner stee end place, end du	TY OCCURED Iumber or Rural R ee stated.	COMPLETION OF CAU DF DEATH? 1 YES 2 MO
E COMPLETED BY PHYSICIAN: MEDI	If any, leading to immediate cause. Enter UNDERLYING CAUSE. Colsease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Matural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 29b. SIGNATUBE AND TITLE OF CERTIFIE	DUE TO (OR AS A d. DUE TO (O	patient 3 DOA 4 Continued and an end/or investigation, in	28. PLACE OF THER: Nursing Home 5 [27] F 28c. INJURY AT WORK? M 1 29c. Lift, fectory, office	DEATH (Check only Residence 8 0 28d. I NO 28f. L Co, end due to the cured at the time, d	PERFORMED 1 YES 2 One) ther (Specify) DESCRIBE HOW INJUF OCATION (Street end A fity or Fown, State) cause(e) end menner stee end place, end du	TY OCCURED Iumber or Rural R ee stated.	AMAILABLE PRIOR TO COMPLETION OF CAU DF DEATH? 1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDI	If any, leading to immediate cause. Enter UNDERLYING CAUSE. Colsease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Matural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 29b. SIGNATUBE AND TITLE OF CERTIFIE	DUE TO (OR AS A d. The contributing to death b HOSPITAL: 1 Inpatient 2 ER/Outp 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, atc. (Spec	patient 3 DOA 4 Continued and an end/or investigation, in	28. PLACE OF THER: Nursing Home 5 P Sec. INJURY AT WORK? M 1 YES 2 It, fectory, office It the time, date end pla n my opinion, death occ	DEATH (Check only Residence 8 0 28d. I NO 28f. L Co, end due to the cured at the time, d	PERFORMED 1 YES 2 One) ther (Specify) DESCRIBE HOW INJUF OCATION (Street end A fity or Fown, State) cause(e) end menner stee end place, end du	TY OCCURED Iumber or Rural R ee stated.	AMAILABLE PRIOR TO COMPLETION OF CAUDO DEATH 1 YES 2 AND COunte Number,

65050 25 as Noted opposite these are CONTRACTOR OF THE STATE OF THE TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached a within 72 hours after death with the State Days of Heath and Mental Horlane more to hursal community or named.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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2	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tentral within 72 hours after death with the State Deer of Health and Mental Hollane prior to build centraling or removal	=

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR			ENT OF HEALTH AND	MENTAL HYGIENE REG. NO.	92	06060	
1. DECEOENT'S NAME (First, Middle, Last) HARRY		GRANTELL		2. DATE OF DEATH MONTH DAY	Y SYEAR 3.	SOA M	
	5. SEX 6. AGE (In yrs	s. last birthday) IF UI YRS. MONT	NOER 1 YEAR IF UNDER 24 HRS. HS DAYS HOURS MIN,	7. DATE OF BIRTH (Month, Day, Year) April 21.	8. BIRTHPLI Country) 1905 Patte	ACE (State or Foreign	
9a. FACILITY NAME (If not institution, give street	et and number)	9b. (CITY, TOWN OR LOCATION OF D		9c. COUNTY OF DEAT		
Livingston Health	Care Center		ort Washington	n	Prince Ge	eorge's	
10a. STATE 10b. COUNTY			VN OR LOCATION		10	d. INSIDE CITY LIMITS?	
Maryland Prince	George's	Oxon			- 4	XYES 2 NO	
104 Cree Dr.			101. ZIP CODE 20745		10g. CITIZEN OF WHA	T COUNTRY?	
11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S		13. WAS DECENDENT OF HISPA		or No - 14, RACE -	American Indian,	
1 Never Married 2 Married 3 Wildowed 4 Divorced							
15. DECEDENT'S EDUCA (Specify only highest grade co		DECEDENT'S USUA	one during most of working	16b. KIND OF BUS	INESS/INOUSTRY		
Elementary/Secondary (0-12) 9th	College (1-4 or 5+) Sh	Iffe. Do NOT use retin	l Mechanic	Cons	truction		
17. FATHER'S NAME (First, Middle, Last) Joseph Gran	tell		18. MOTHER'S N. Jess	AME (First, Middle, Maiden S	Surmame) ornton		
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDR	RESS (Street and Number or Rural	Route Number, City or Town	, State, Zip Code)		
Barbara Jean Stat	ter	same as	item 10				
20a. METHOD OF DISPOSITION 1 General 2 Characteristics 3 Remove 4 Donation 5 General (Specify)	al from State 20b.PLA	CE AND DATE OF DIS	POSITION (Name of ace) 1 Crematory	1,	CATION — City or Town,	3.74.76	
21. SIGNATURE OF FUNERAL SERVICE LICEN	NSEE	ropolitar	1 Crematory 22. NAME AND ADDRESS OF FA	2/18/9/2 A	lexandria.	Md.	
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY GEORGE P. KALAS FUNERAL HOME 6160 OXON HILL RD. OXON HILL, MD. 20745							
23. PART Enter the diseases, or con	mplications that caused the	deeth. Do not er	nter the mode of dying, suc	ch as cardiac or respir	atory arrest,	Approximate	
iMMEDIATE CAUSE (Final disease or condition resulting in death)	on y umm	line.				Interval Between Onset and Death	
	DUE TO (OR AS A CON		La L Disa	21/0			
Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CON	SEQUENCE OF:	peripheral	٦			
cause. Enter UNDERLYING CAUSE (Disease or injury	Antivius	cherutic	peripheral	VArauler C	riftan		
that initiated events resulting in death) LAST	DUE TO (OR AS A COM	NSEQUENCE OF):	,				
d.							
PART ii. Other aignificent conditions	contributing to death but n	ot resulting in the	underlying cause given in	PERFORI	MED? AV	RE AUTOPSY FINDINGS	
				1 [] YES 2	L MAO OF	MPLETION OF CAUSE DEATH? YES 2 NO	
] ''		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTA	26. PLACE OF GEATH (C)	neck only one)			
1 YES 2 NO 1	I _ Inpetient 2 _ ER/Outpetien	R 3 DOA 4	Nursing Home 5 - Residence				
1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DESCRIBE HOW IN	JURY OCCURED		
3 Suicide 6 Could not be	28e. PLACE OF INJURY — A building, etc. (Specify)	it home, farm, street,	factory, office	261. LOCATION (Street ar City or Town, State)	nd Number or Rural Route	Number,	
4 Homicide determined							
	AN: To the best of my knowledge On the basis of examination end					d manner es stated.	
296. SIGNATURE AND TITLE OF CERTIFIER	mo do		29c. LICENSE NU D352		29d. CATE SIGNED (MG	yrth, Day, Year)	
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH	(ITEM 27) (Type, Print)	11701 LIVI		D. Ft. WA	SVIngton 16	
S1. DATE FILED (Month, Day, Year) FEB 19 1992	32. REGISTRAR'S SIGNATUR	~ Pandell					



gramma, grid 4 1 3 E 1 E The second of the second period with the way Second All The will be a IMPORTANT. If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR 1 -

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last)				1	DATE OF DEATH	lγ	YEAR	3. TIME OF DEATH	
	CATHERINE M.	- UIV				02 16		92	8:20 PM	
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. last t	MONTHS		UNDER 24 HRS.	Month, Day, Year)	10	S. BIRTH	PLACE (State or Foreign	
	577-52-2652 1 M 2 C XF	53	YRS.						vash.,DC	
Œ	9a. FACILITY NAME (If not institution, give street and number)				OCATION OF DEAT	Н	CTIL 14	NTY OF D		
DIRECTOR	PRINCE GEORGE'S HOSPITAL	CENTER	CHE	VERLY	Y		PRI	NCE	GEORGE'S	
R	10e. STATE 10b. COUNTY		10c. CITY, TOWN OF						10d. INSIDE CITY LIMITS?	
	N/A N/A		Wash	ingt	on,DC				KYES 2 NO	
3AL	10e. STREET AND NUMBER			10f. ZIF	P CODE	-	10g. CITI		HAT COUNTRY?	
FUNERAL	5300 Illinois Ave. N.W. 20011 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specific Ver or No.) 14 PACE - Armeters Indian									
	IF YES CIVE WAD OD DATES								, White, atc.	
BY									Black	
COMPLETED	15, DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECE	DENT'S USUAL OC	UPATION	Lunchine	16b. KIND OF BUS	SINESS/INC	USTRY		
	(Specify only highest grade completed) [Give kind of work done during most of working life. Do NOT use retired.) [Figure 1.4 or 5+) [Figure 2.4 or 5+] [Figure 2.4 or 5+] [Figure 3.4 or 5+] [Figure 3.4 or 5+] [Figure 3.4 or 5+] [Figure 3.4 or 5+]									
MP	12th Housewife									
ပ္ပ	17. FATHER'S NAME (First, Middle, Last) Mark Handel Stokes 16. MOTHER'S NAME (First, Middle, Maiden Surmame) Ola Victoria Johnson									
BE	Mark Handel Stoke		MAIL INC. ADORESC						3011	
2	Lisa Green					te Number, City or Town			20785	
	20e. METHOD OF DISPOSITION	20b. PLACE AN	D DATE OF DISPOSIT	ION (Name o	of	DATE 20c, LO	CATION —	City or To-	wn. Steta	
	**Surial 2 Cremation 3 Ramoval from State 4 Donation 6 Other (Specify)	Harm	ony or other place) Ony Men	oria	al Park	2-20 Lar	ndov	er,	Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	2	22. N	AME AND A	DORESS OF FACIL	Jenkins	Fu	nera	al Home	
	Jameely C. B	resci							,MD20785	
	23. PART I. Entar tha diseases, or complications the shock, or heart fallure. List only one car	at caused the dast							Approximate	
	IMMEDIATE CAUSE (Final	use on ascn lina.	h 10						Interval Between Onset and Death	
	disesse or condition a.	5 de 0 1.	Umm	774	G;	rrest				
	DOÚE TO	OR AS A CONSEQU	ENCE OF):		dans	Ma	-			
CERTIFICATION	Sequentially list conditions, DUE/TO	(OR AS A CONSEQU	ENCE OF:	l	Marria	7				
SAT I	If sny, leading to immediata cause. Enter UNDERLYING	Memil	Hear	j-	Disca	se.			į	
Ē	Giet mittated events	(OR AS A CONSEQU	ENCE OF):							
EB	resulting in death) LAST									
	PART/II. Other significant conditions contributing to	daath but not res	ulting in the und	erlying çs	use givan in Pa	rt I. 24a. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS	
MEDICAL	17ther leusion	Cerchra	e ats	0/74	4.	PERFOR	1		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
副	Chromic Dana	O loil	1-10	1		_ I YES 2	MA		OF DEATH?	
- 1			/						T TES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE	OF DEATH (Check	only one)				
YSIG	I HOSFITAL.	☐ ER/Outpetient 3 ☐	DOA 4 Nursi	ng Home 5	Residence 6	Other (Specify)				
Ŧ	27. MANNER OF DEATH 28e. DATE OF	F INJURY Day, Year)	286. TIME OF INJURY	8c. INJURY WORK?	AT 2	8d. DEŞCRIBE HOW II	NJURY OCC	CURED		
P 1	1 Metural 6 Danding		M	1 YES	2 NO					
BY P	2 Accident Investigation									
ED BY	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 2 Could not 28e. PLACE (OF INJURY — At home atc. (Specify)	, farm, street, factor	y, office		81. LOCATION (Street a City or Town, State)	nd Number	or Rural A	oute Number,	
ED BY	1 Meturs 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be determined 28e. PLACE 0 building	, atc. (Spec/ly)	the state of the s		2	City or Town, State)			oute Number,	
ED BY	1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be determined 28e. PLACE (building) 29e. CERTIFIER (Cleck only)	f my knowledge, death	occurred at the tim	e, deta and	l place, end due to	City or Town, State) the cause(s) and man	iner as stat	ed.		
COMPLETED BY	2 Accident S Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Chick only one) 2 MEDICAL EXAMINER: On the basis of a	f my knowledge, death	occurred at the tim	e, data and nion, death	I place, end due to	the cause(s) and man	iner as stat	ed. e ceuse(s)	and manner as stated.	
BE COMPLETED BY	1 Metural 5 Pending Investigation 2 Accident 3 Suicide 8 Could not be determined 28e. PLACE 0 building 29a. CERTIFIER (Check only only only only only only only only	f my knowledge, death examination and/or inv	n occurred at the time eatigation, in my op	e, deta and nion, death	l place, end due to	the cause(s) and man	iner as stat	ed. e ceuse(s)		
COMPLETED BY	1 2 Actural 5 Pending Investigation 2 Accident 3 Suicide 4 Homicide 8 Could not be determined 28e. PLACE (building Physician: To the best of could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of a 29e. SIGNATURE AND TITLE OF CERTIFIER APPLICATION OF COMPLETED CAU	I my knowledge, death examination and/or inv A P P P P P P P P P P P P P P P P P P	n occurred at the time estigation, in my op	e, data and nion, death	I place, end due to	the cause(s) and manne, date and place, an	iner as stat	e couse(s)	and manner as stated. (Month, Day, Year)	
BE COMPLETED BY	1 2 Actural 5 Pending Investigation 2 Accident 3 Suicide 4 Homicide 8 Could not be determined 28e. PLACE (building Physician: To the best of could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of a 29e. SIGNATURE AND TITLE OF CERTIFIER APPLICATION OF COMPLETED CAU	f my knowledge, death examination and/or inv	n occurred at the time estigation, in my op	e, data and nion, death	place, end due to o occured at the time LICENSE NUMBER	the cause(s) and manne, date and place, an	oner as stated due to the	e couse(s)	and manner as stated.	



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5	within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burila	IANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - STATE STATE OF MAI		ENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.	
	1, DECEDENT'S NAME (Fire) Middle, Last)	MARMA	-N	2. DATE OF DEATH DAY	- YEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 6. 577-05-57 04 1 12 M 2 0 F		UNDER 1 YEAR IF UNDER 24 HRS. ITHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	a. BIRTHPLACE (State or Foreign Count) Washington D.C.
DR	9a. FACILITY NAME (If not institution, the street and number) ST. JOSEPHHOSP	O tAL T	CITY, TOWN OR LOCATION OF OR	EATH NA Du	BALL MARP
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	10c, CITY, TO	WN OR LOCATION		10d. INSIDE CITY
DH	Maryland Baltimore	Parkv	ille		1 YES 2 NO
AAL.	10e. STREET AND NUMBER		10f. ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?
FUNERAL	7906 Old Harford Road 11. MARITAL STATUS 12. WAS DECEDENT E	/ER IN U.S. ARMED	21234 13. WAS DECENDENT OF HISPAI		United States
B	1 Never Married 2 X Merried FORCES? 1 X IF YES, GIVE WAR WORLD WORLD WAR	YES 2 NO OR DATES	If yes, specify Cuben, Mexice 1 ☐ YES 2 X NO Specif	n, Puarto Rican, etc.)	Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EOUCATION (Specify only highest grade completed)	16a. DECEOENT'S USU (Give kind of work life. Do NOT use rei	done during most of working	16b. KIND OF BUSIN	NESS/INDUSTRY
PLE	Elementary/Secondary (0-12) College (1-4 or 5+)	Automobil		Retail	
CON	17. FATHER'S NAME (First, Middle, Last)			ME (First, Middle, Maiden Su	irrieme)
BE	Jay Garman 199. INFORMANT'S NAME (Type/Print)	10h MAII ING ADI	Maggie PRESS (Street end Number or Rural		Chan Zin Codel
2	Vinda C. Garman		d Harford Rd.,		APIL TOTAL
	20e, METHOD OF DISPOSITION 1 Ñ Buriel 2 ☐ Cremetion 3 ☐ Ramoval from State	20b. PLACE OF DISPOSITIO	N (Name of cemetery, cremetory or	20c. LOCA	ATION — City or Town, State
П	4 □ Donation 5 □ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Fort Lincol	n Cemetery 22. NAME AND ADDRESS OF FA		twood, Md.
	1. Cearan Dyes	e, Inc.			
	23. PART I. Enter the diseases, or complications that co	used the death. Do not			
	shock, or heart failure. List only one cause IMMEDIATE CAUSE (Fine) disease or condition resulting in death) a. CARDIC		ARY ARPZ	ST	Interval Between Onset and Death
-			EDIAL INT		I VENCUE
CERTIFICATION	If any, leading to immediate				1000
FICA	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events C. DUE TO (OR	AS A CONSEQUENCE OF):	Y EMBEL	ISM	
ERT	reaulting in death) LAST				
	PART II. Other algnificant conditions contributing to de	eth but not resulting in ti	na underlying cause given in		
DICAL			1	PERFORM 1 YES 2	COMPLETION OF CAUSE
ME				_	1 TYES 2 NO
PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL		28. PLACE OF DEATH (C)	neck only one)	
SIC	EXAMINER? 1 YES 2 NO HOSPITAL: 1 No inputent 2 Examiner.		THER: ☐ Nursing Home 5 ☐ Residence	6 Other (Specify)	
	27. MANNER OF DEATH 1 [X] Natural 5 Pending 26s. DATE OF IN. (Month, Day,		28c. INJURY AT WORK? M 1 TYES 2 NO	28d. DEŞCRIBE HOW INJ	JURY OCCUREO
р ВУ	2 Accident Investigation 3 Suicide 6 Could not be Suitiding, etc.	JURY — At home, farm, stree		281. LOCATION (Street and	d Number or Rural Route Number,
ETED	4 Homicide determined	(Spacify)		City or Town, State)	
COMPLET	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of my				
BEC	29b. SIGNATURE AND TITLE OF CERTIFIER	/ _	29C LICENSE NU	MBER :	29d. DATE SIGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	OF DEATH (ITEM 27) (Type, Prin	1260	754	02/00/42
	PERY CHHIM, A.D. SAIN			ALTIMORE	E, MD 21204
	31. DATE FILED (MONTH, *Day, Year) FFR 1.2 1992 32. REGISTRAR'S	SIGNATURE Dandals	2		



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. The filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. PORTANT: if Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HEGISTHAH		U	EHIIF	ICATE C	IF DEA	IH	RI	EG. NO.				
1. OECEDENT'S NAME (First, Middle, Last) JAMES 4. SOCIAL SECURITY NUMBER	CRE	CORY					2. DATE OF C	DEATH DAY	5	92	TIME OF OEATH	
4. SOCIAL SECURITY NUMBER 579-40-2681	5. SEX	6. AGE (In yrs. In	yrs.	MONTHS DAY		R 24 HRS. MIN.	7. DATE OF B (Month, Day June	y, Your)		Country)	ACE (State or Foreign Shington	
9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TOV	N OR LOCAT	ION OF DI		7,-	9c. COUNT			
PRINCE GEORGE	'S HOSPIT	AL CEN	TER	CHEVE	RLY				PRI	NCE	GEORGE'S	
10a. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN OR LO	DWN OR LOCATION					1	od. INSIDE CITY	
Md. Princ	e George	A		Bladen	sburg					1	LIMITS?	
10e. STREET AND NUMBER					10f. ZIP COL	DE			10g. CITIZE	N OF WH	T COUNTRY?	
4227 58th	Avenue				2071	0				USA	1	
11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. A	RMED				NIC ORIGIN? (Sp		or No — 14		- American Indian, Vhita, etc.	
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 [Жио		, specify Cub YES 2 🙀 NO		in, Puerto Ricen jy:	, etc.)		Specify:	volte, etc. ack	
15. DECEDENT'S EDU (Specify only highest grad		16a. D	ECEDENT'S	USUAL OCCUP	ATION	16b, KINI	D OF BUSI	NESS/INDUS	STRY			
Elementary/Secondary (0-12)	College (1-4 or 5+)	- A	6. Do NOT us	vork done during se retired.)	most or work	mg						
10th			Maint	tenance)		Washington Star					
17. FATHER'S NAME (First, Middle, Last)					18. MOT		ME (First, Middle					
William Gregor	y, Sr.					Lu	cille	Blal	ock			
19a. INFORMANT'S NAME (Type/Print)		3	DE MAILING	ADDRESS (Sto	et and Numbe	or or Aural	Il Route Number, City or Town, State, Zip Code)					
James E. Gregor	y, Jr.	Jr. 196. MAILING ADDRESS (Stepet and Number of Pure Science) and Number of Pure Science and Number of							+			
20a. METHOD OF DISPOSITION 1 Burlel 2 © Cremation 3 Ren	ANDDATE	OF DISPOSITION	Name of		DATE 20c. LOCATION — City or Town, State							
4 Donation 5 Other (Specify)	rban	cremat	ory		2-7 Silver Spring, Md.							
H. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	0	22. NAM	E AND ADDRE	ESS OF FA	CILITY Mar	shal	l's Fi	uner	Al Home, N. W.,		
· 4. P. 7	nars	half	/	Inc	•		4217 Washi	9th ng tor	Stre	eet,	N. W., 20011	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):												
PART II. Other significant condition	d	leath but not	resulting i	n the underl	ring cause	given in	Part I. 24a	WAS AN A		7 6	FIE AUTOPSY FINDINGS RILABLE PRIOR TO MIPLETION OF CAUSE	
	Pne	in	m	æ				,		10.5	DEATH?	
25. WAS CASE REPERRED TO MEDICAL				26	PLACE OF E	DEATH (Ch	wok only one)	_		_		
1 TES 2 NO	HOSPITAL:	ER/Outputient	3 [] DOA	OTHER:	See East	07775	8 Other /Spe	scibe)				
27. MANNER OF STATH 1	26s DATE OF 1 (Month, De	NJURY	26h, T3MI	E OF 28c.	WORK?		284. DESCRIB		JURY OCCUP	HED		
2 Accident Investigation 3 Statelde 6 Could not be 4 Homicide determined	28e. PLACE OF building, a	INJURY — At to tc. (Specify)	ome, ferm, a				28f. LOCATION City or Tox	N (Street an wo, State)	d Number or	Flural Res	te Municec	
294. CERTIFIER 1 CERTIFYING PHYSICINE) 2 MEDICAL EXAMIN 295. SIGNATURE AND TITLE OF CERTIFIE					n, death occu	ired at the	time, date and		due to the c	euse(s) s		
30, NAME AND ADDRESS OF PEASON WI	dela		EM 27) /3	Print)	D/	28	79		126	B, S	onth, Day, Year)	
MINSO VAZ	(EMD)	1070		of 10	UDA	L. C	ARG	e NI	D 2	207	72	
FEB 12 1992	Julia D	s signature	Pandelle	-			,	0			-	

1 - FOR STATE REGISTRAR

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	
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	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE	OF DEATH		3. TIME OF D		
	Olivia	Norisize	tta Sk	vles	Gray		MONT	H D/	4. 199	YEAR		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las		DER 1 YEAR	IF UNDER 24 HR		OF BIRTH 1 (BIRTHPLACE (State o		
- 1	579-44-6590	1 □ M 2 🎇 F	61	YRS. MONTH	B DAYS	HOURS MIN	Jani	lary 1		Vashington		
	9e. FACILITY NAME (If not institution, give	street and number)		9b. C	TY, TOWN	OR LOCATION OF		act y t		Y OF DEATH		
E I	7333 New Hampsh	ire Avenu	e. Apt.	602	Hvat:	tsville			Prir	ice George		
DIRECTOR	RESIDENCE OF DECEDENT		7 : 400.									
E	10a. STATE 10b. COUN			10c. CITY, TOW						10d, INSIDE (
- 10	District of Col	umbia		Wa	shin					1 X YES 2		
\$	10e. STREET AND NUMBER				.10	of. ZIP CODE				EN OF WHAT COUNTRY		
FUNERAL	1216 - "G" - St					2000				red States		
문	11. MARITAL STATUSSeparate	FORCES? 1	T EVER IN U.S. AR	MED 1	If yes, s	CENDENT OF HIS pecify Cuben, Me	rican, Puerto		or No- 1	4. RACE — American I Black, White, etc.		
B	3 Widowed 4 Divorced	IF YES, GIVE V	WAR OR DATES		1 🗌 YE	S 2 NO Sp	ecify:			Specify: Bla		
B	15. DECEDENT'S ED	PUCATION		CEDENT'S USUAL			16	. KIND OF BU	SINESS/INDU	STRY		
	(Specify only highest gra Elementary/Secondary (0-12)	Coffege (1-4 or 5	Mo	he kind of work do Do NOT use retired	ne during m d.)	iost of working						
릴	12th grade			. Cross	ing	Guard	_ I	C. I	Police	Departme		
COMPL	17. FATHER'S NAME (First, Middle, Last)							Middle, Maiden				
ш	Norris		Sk	yles		Ber	ta	3-1		Beasley		
OB	19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING ADDR	ESS (Street	and Number or Ru	ral Route Nun	ber, City or Tow	n, State, Zip (²⁰⁷		
-	Wilbur A. Gray	(son)	7	333 New	Ham	pshire.	Avenue	Apt.	502;Hy	vattsville		
	20e. METHOD OF DISPOSITION 1 M Buriel 2 Gremation 3 GRa	moval from State		ANO DATE OF OIl		N (Name	OA	20c, LO	CATION — C	ity or Town, State		
	4 Donation 5 Other (Specify)		Natio	nal Han	nony			k Lan	dover	, Maryland		
	A Donation S Other (Specify) National Harmony Memorial Park Landover, M. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE National Harmony Memorial Park Landover, M. 22. NAME AND ADDRESS OF FACILITY Latney's Funer											
	3831 Georgia Avenue, N.W.; Wash.D.C. 23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory erreat,											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a (R	ON AS A CONSE	nsequence on: atory arrest-metast					static ovarian cancer			
DICAL	PART II. Other significent condition	ons contributing to	death but not i	resulting in tha	underlyl	ng cause given	in Part i.	24a. WAS AN PERFO	RMED?	24b. WERE AUTOPS AMAILABLE PR COMPLETION OF DEATH?		
W									7	1 - YES 2		
Σ										l.		
Σ												
Σ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТН		PLACE OF DEATH	(Check only	ne)				
SICIAN: M	EXAMINER? 1 ☐ YES ZYOXNO	1 Inpatient 2	☐ ER/Outpetient 3		IER: Nursing Ho	rne 5 🔀 Resider	ice 6 🗆 Ott	er (Specify)				
Σ	EXAMINER? 1 ☐ YES ② NO 27. MANNER OF DEATH	1 Inpetient 2		26b. TIME OF	IER: Nursing Ho 26c, II	me 5 ⊠ Resider	28d. DI		INJURY OCC	URED		
HYSICIAN: M	EXAMINER? 1 YES 3 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation Investigation	1 Inpatient 2 (26s. DATE Of (Month, i)	F INJURY Day, Year)	26b. TIME OF INJURY	IER: Nursing Ho 26c, IN W	me 5 Thesider	28d, DI	er (Specify) SCRIBE HOW				
ED BY PHYSICIAN: M	EXAMINER? 1 YES 2XXNO 27. MANNER OF DEATH 1 Netural 5 Pending	1 Inpatient 2 28s. DATE Of (Month, i) 28s. PLACE (FINJURY	26b. TIME OF INJURY	IER: Nursing Ho 26c, IN W	me 5 Thesider	28d, DI	er (Specify) SCRIBE HOW	end Number o	URED or Rural Route Number,		
ETED BY PHYSICIAN: M	EXAMINER? 1 YES 2XXNO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER 1 N CERTIFIER PM	1 ☐ Inpetient 2 (28s. DATE OI (Month, I) 28s. PLACE (building	FINJURY Day, Year) OF INJURY — At he, etc. (Specify)	26b. TIME OF INJURY Norme, farm, street,	Nursing Ho 26c. III III III III III Incompression	NT S T Resident AJURY AT YORK? YES 2 NO	28d. DI	er (Specify) SCRIBE HOW CATION (Street or Town, State	end Number (or Rural Route Number,		
MPLETED BY PHYSICIAN: M	EXAMINER? 1 YES 3CXNO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only)	26e. DATE Of (Month, in 28e. PLACE (building)	FINJURY Dey, Year) OF INJURY — At he, etc. (Specify) If my knowledge, de	26b. TIME OF INJURY Nome, farm, street,	Nursing Ho 26c. III I factory, off	THE STATE OF THE S	28d, DI 28d, DI 28d, LO Cit	er (Specify) SCRIBE HOW CATION (Street or Town, State	end Number (or Rural Route Number,		
COMPLETED BY PHYSICIAN: M	EXAMINER? 1 YES 3CXNO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only)	28s. DATE OF (Month, in 28s. PLACE of building) /SICIAN: To the best of NER: On the basie of other parts of the basie of the parts of the basie of the parts of the basie of the parts of the basie of the parts of the basie of the parts of the basie of the parts of	FINJURY Dey, Year) OF INJURY — At he, etc. (Specify) If my knowledge, de	26b. TIME OF INJURY Nome, farm, street,	Nursing Ho 26c. III I factory, off	NJURY AT /ORK? YES 2 NO ice te and place, end death occured at	28d, Di 28d, Di 28f, LO Cit due to the c	er (Specify) SCRIBE HOW CATION (Street or Town, State	end Number o	or Rural Route Number, ad. cause(e) and manner		
BE COMPLETED BY PHYSICIAN: M	EXAMINER? 1 YES 2XXNO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Could not be determined 29a. CERTIFIER (Check only one) MECICAL EXAMINERS	28s. DATE OF (Month, in 28s. PLACE of building) /SICIAN: To the best of NER: On the basie of other parts of the basie of the parts of the basie of the parts of the basie of the parts of the basie of the parts of the basie of the parts of the basie of the parts of	FINJURY Dey, Year) OF INJURY — At he, etc. (Specify) If my knowledge, de	26b. TIME OF INJURY Nome, farm, street,	Nursing Ho 26c. III I factory, off	THE STATE OF THE S	28d, Di 28d, Di 28f, LO Cit due to the c	er (Specify) SCRIBE HOW CATION (Street or Town, State	end Number of	or Rural Route Number, d. cause(e) and manner SIGNEO (Month, Day, Y		
E COMPLETED BY PHYSICIAN: M	EXAMINER? 1 YES 2XXNO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Could not be determined 29a. CERTIFIER (Check only one) MECICAL EXAMINERS	26e. DATE Of (Month, in the best of the basis of the basi	FINJURY Dey, Year) OF INJURY — At he, etc. (Specify) If my knowledge, de examination and/or	26b. TIME OF INJURY Norme, farm, street, path occurred at ti investigation, in n	Nursing Ho 26c. III I factory, off	NJURY AT /ORK? YES 2 NO ice te and place, end death occured at	28d, Di 28d, Di 28f, LO Cit due to the c	er (Specify) SCRIBE HOW CATION (Street or Town, State	end Number of	or Rural Route Number, ad. cause(e) and manner		
BE COMPLETED BY PHYSICIAN: M	EXAMINER? 1 YES 3CXNO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER 1 CERTIFYING PHYONE) 29b. SIGNATURE AND TITLE OF CERTIF	28e. DATE OF (Month, In the best of the basis of the basi	FINJURY Day, Year) OF INJURY — At he, etc. (Specify) If my knowledge, departmention and/or	26b. TIME OF INJURY Nome, farm, street, eath occurred at ti investigation, in m	IER: Nursing Ho 26c. If 1 1	te and place, end death occured at 29c. LICENSE	28d, DI 28d, DI 28d, LO Cit due to the c the time, de	er (Specify) SCRIBE HOW CATION (Street or Town, State Ruse(e) end ma e end place, as	end Number of	or Rural Route Number, d. cause(e) and manner Signeo (Morith, Day, 1) Druary 6,		
BE COMPLETED BY PHYSICIAN: M	EXAMINER? 1 YES 3CXNO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only 1 CERTIFYING PHYONE) MEDICAL EXAMINATION ONE) 30. NAME AND ADDRESS OF PERSON OF CHARLES R. BOICE	28e. DATE OF (Month, in the least of the lea	FINJURY Day, Year) OF INJURY — At he, etc. (Specify) If my knowledge, departmention and/or	26b. TIME OF INJURY Norme, farm, street, eath occurred at ti investigation, in many control of the control of t	IER: Nursing Ho 26c. If 1 1	te and place, end death occured at 29c. LICENSE	28d, DI 28d, DI 28d, LO Cit due to the c the time, de	er (Specify) SCRIBE HOW CATION (Street or Town, State Ruse(e) end ma e end place, as	end Number of	or Rural Route Number, d. cause(e) and manner Signeo (Morith, Day, 1) Druary 6,		

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

e no presenting physician.	ure as the burial-transit permit, Pages 1, 2, 3 should		
D THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by ne income.	0 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be the time as the burial-transit permit. Pages 1, 2, 3 should	e filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	WPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at one

							9	2 06065			
	FOR 1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIF	TMENT OF H	IEALTH AND ME DEATH	NTAL HYGIEN REG. NO	E				
	1. DECEDENT'S NAME (First, Middle, Lest) ROBIN E	landor)	bin Glar	idon	1/2	-12-92 92	200 PM			
CERTIFICATION TO BE COMPLETED BY FUNERAL DIRECTOR	4. SOCIAL SECURITY NUMBER 21472-6045	1 🗆 M 2 💢 F	36 (In yrs. lest birthday) 36 YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	Month, Day, Year) 9-03-55	8.1	BIRTHPLACE (State or Foreign Country) MD			
TOR	9a. FACILITY NAME (if not institution, give str Anne Arundel Me RESIDENCE OF DECEDENT		nter	Annap	OR LOCATION OF DEATH		ac county Anne	Arundel			
DIREC	-	n Anne's		y, town on loca evensvi	lle			10d. INSIDE CITY LIMITS? 1 YES 2 NO			
RAL	100. STREET AND NUMBER	ntation D		10	21666		11.0	OF WHAT COUNTRY?			
	100 Sillen Pla: 11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	NTATION K 12. WAS DECEDENT EVE FORCES? 1 □ YI IF YES, GIVE WAR OF	R IN U.S. ARMED	If yes, sp	ENDENT OF HISPANIC ecity Cuban, Mexican, P		US or No- 14.	RACE - American Indian, Black, White, etc. Specify: White			
- 4	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of life. Do NOT u	USUAL OCCUPATION work done during me se retired.)	DN set of working	16b. KIND OF BU	TRY				
	17. FATHER'S NAME (First, Middle, Last) Clarence Rober	te	Beauti	ICIAII	18. MOTHER'S NAME Shirley						
	19a. INFORMANT'S NAME (Type/Print)	CS	19b. MAILING	ADDRESS (Street	and Number or Rural Rout			de)			
임	James L. Gland	on	100 8	Sillen	Plantati	on Rd S	teven	sville,MD21666			
	20a. METHOD OF DISPOSITION 1	ovel from State	etery			or Town, Stata Sville, MD					
	21. SIGNATURE OF FUNERAL SERVICE LIC	Heldent	Peri	Tom F 106 S	ND ADDRESS OF FACIL Melfenbein Shamrock Ro	Funeral d. Cheste	er, MD				
	23. PART I. Enter the diseases, or o shock, or heart feliure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	iratory errest	Approximata Interval Between Onset and Death 3 Years								
LION	Sequentially list conditions, if any, leading to immediate	b	AS A CONSEQUENCE O	•							
RTIFICA	ceuse. Enter UNDERLYING CAUSE (Disesse Dr injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):										
	PART II. Other significent condition	a contributing to deat	h but not resulting	in the underlying	g ceuse given in Pa	rt I. 24s. WAS AF		24b. WERE AUTOPSY FINDINGS			
BY PHYSICIAN: MEDICAL						PERFO	1	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
N.						1		O .			
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (Check						
HYS	1 YES 2 NO 27. MANNER OF DEATH	1 Dinpatient 2 ER/O	RY 28b. TII	ME OF 28c. IN		Other (Specify) Id. DESCRIBE HOW	INJURY OCCUP	RED			
IY P	1 Natural 5 Pending 2 Accident investigation	(Month, Day, Ye	nr) IN		ORK? YES 2 NO						
	3 Suicide 6 Could not be 4 Homicide determined	26s. PLACE OF INJ building, etc. (URY — At home, farm, Specify)	street, factory, offi	2	81. LOCATION (Street City or Town, State		Rural Route Number,			
COMPLETED	one)	CIAN: To the best of my k						cause(a) and manner as stated.			
BE	296. SIGNATURE AND TITLE OF CENTIFIES	Pouich, a	ري ا		29c. LICENSE NUMBI	ER	29d. DATE S	IGNED (Month, Day, Year)			
5	30. NAME AND ADDRESS OF PERSON WH STUALLE E. Sell	OCOMPLETED CAUSE OF	DEATH (ITEM 27) (Typ	e, Print)	St. Au	napolis,	Mid.	21401			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S S	Davidson-R	ndell-							
	JAN 10 J	guna	- Marianala-No								

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be rached for u	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at prece
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王	置	filed	20
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	FOR 1 - STATE REGISTRAR	STATE OF MARYL			OF DEATH		HYGIENI REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last)					2, DATE O			3. TIME OF DEATH
	ALETHA 4. SOCIAL SECURITY NUMBER	GARDNI				02			92 4 45P M
			(In yrs. last birtho	MONTHS	EAR IF UNDER 24 HRS. MAYS HOURS MIN.	7. DATE OF	736	8.	BIRTHPLACE (State or Foreign Country) Iest Virginia
1	235-54-6253 9a. FACILITY NAME (If not institution, give	1 DM 2 X XF	55 YR				/ 36		
œ					OWN OR LOCATION OF I	DEATH		9c. COUNTY	
570	PRINCE CEORG	E'S HOSPITAL	CENTER	CL CL	EVERLY			PRINC	E GEORGE'S
DIRECTOR	10a, STATE 10b. COUNT		1	. CITY, TOWN OR	LOCATION				10d. INSIDE CITY LIMITS?
	Maryland Princ	e George		Laurel					¥X YES 2 □ NO
FUNERAL	1109 Montrose Ave	nue			101. ZIP CODE 20707			USA	N OF WHAT COUNTRY?
NS I	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. W	S DECENDENT OF HISP	ANIC ORIGIN?	(Specify Yes		. RACE — American Indian,
	1 Never Married 2 Married	FORCES? 1 YES		H y	es, specify Cuben, Maxie YES 2 X NO Spec	can, Puerto Ric			Black, White, atc. Specify:
D BY	3 Wildowed 4 Divorced								White
ETED	15. DECEDENT'S EDU (Specify only highest grad	e completed)	(Give kind	NT'S USUAL OCC d of work done du OT use retired.)	UPATION ing most of working	16b, K	IND OF BUS	INESS/INDUS	TRY
2	Elementary/Secondary (0-12)	College (1-4 or 5+)	Homema			Но	me		
COMP	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	IAME (First, Mic	idle, Maiden S	Surname)	
W/	Paul E. Sherman				Mildr	ed Kim	ble		
9	19a. INFORMANT'S NAME (Type/Print)				Street and Number or Rura				
	Virgil F. Gardner				ose Ave.		-	20707	
	MXBuriel 2 Cremation 3 Ram 4 Donation 5 Other (Specify)			ATEOFDISPOSITI	Cemetery	DATE			y or Town, Stata Oring, MD
	21. SIGNATURE OF FUNERAL SERVICE L		au cc or		ME AND ADDRESS OF F	FACILITY MO			
	> 10.00x	Vortho 0	7		D1 Sandy S				, MD 20707
	23. PART I. Enter the diseases, or	complications that cause	d the deeth.		_				
	shock, or heart fellure.	List only one cause on	each lyre.						Interval Between
	disease or condition resulting in death)	. Beotic	Shoe	K WH	h pratound	1 Acid	0515	DISSA	madd 36 h
		OUE TO (OR AS	A CONSEQUENC	CE OF):	h protound	250/01	sathy		
O	Sequentially list conditions,	b. OUE TO (OR AS							
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING			JE 01 J.					į
Ħ	CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENC	CE OF):					
ERI	resulting in death) LAST	d							
AL C	PART II. Other significant conditio	ns contributing to death	but not result	ing in the und	riying cause given I	n Part I. 2	4a. WAS AN		24b. WERE AUTOPSY FINDINGS
S	Chronic Rent	L failure a	110 40	4515			PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC								(S) NO	OF DEATH?
ä									
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	28. PLACE OF OEATH (C	Check only one)			
IXSI	1 YES 2 NO	1 Inpatient 2 ER/Out		DA 4 🗆 Nursin	g Home S 🗆 Residence	_			
	1 Natural 5 Pending	28e. OATE OF INJURY (Month, Day, Year)	286	TIME OF 2	Ic. INJURY AT WORK?	28d. DESC	RIBE HOW IN	JURY OCCUP	RED
ВУ	2 Accident Investigation 3 Suicide 8 Could not be	28s. PLACE OF INJUR	Y — At home, fa	ırm, street, factor		281. LOCAT	ION (Street a	nd Number or	Rural Route Number,
TE	4 Homicide datarmined	building, etc. (Spe	ecify)			City or	Town, State)		100000000000000000000000000000000000000
COMPLETED	29a. CERTIFIER (Check only	SICIAN: To the best of my know	wledge, death oc	ccurred at the tim	, date and place, and do	ue to the cause	(a) and man	ner as stated.	
OMI	one)								ause(s) and manner as stated.
BE C	296. SIGNATURE AND TITLE OF CERTIFIE	1			29c, LICENSE N	UMBER	1	29d. DATE S	IGNED (Mgnth, Day, Year)
	1 / h 1	rolled in	7		10-180	289		12	15/92
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF D	EATH (ITEM 27)	Oper Prints			1	2/	/ 2 . 2 ==
	STEVEN M POLL 31. DATE FILEO (MORTH, Day, Year)	LAK MD 75	25 GY	PENWAY	CTR DRIV	e Gre	enbel	x mu	20770
	FEB 1 0 1992	Julia David		000					
	10 10 1002	January W	W. 1 . 10.						DHMH-18 Rev 1/89

But the second

31. DATE FILEO (Month, Day, Year)
7 - F.E.B. 1-8 1992

	FOR 1 STATE	STATE OF MARYLAND	/ DEPARTMI	ENT OF HEALTH AND	MENTAL HYGIEN	9	2 06067				
	REGISTRAR			TE OF DEATH	REG. NO						
	1. OECEOENT'S NAME (First, Middle, Last)		/		2. DATE OF OEATH	*	3. TIME OF CEATH				
`	JAMES L.	GEESEN	IAN		MONTH D	4	2 6:16 PM				
١	4. SOCIAL SECURITY NUMBER 5	SEX B. AGE (In yrs. In	ast birthday) IF U	NOER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign				
	507-09-2079	DM 2 DF	/ YRS. MONT		(Month, Day, Year)		Country)				
	Se. FACILITY NAME (If not inetitution, give stree				2/9/21		Nebraska				
TC.				CITY, TOWN OR LOCATION OF		9c. COUNTY					
DIRECTOR	ANNE ARUNDEL M	TEDICAL CONT	ER A	NNAPOLIS, A	ARUNDEL CO						
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		-								
<u>E</u>	1000 0001111	Apullaci Ca		VN OR LOCATION			10d. INSIDE CITY LIMITS?				
		ARUNDEL CO	EU6 E	WHTER			1 YES 2 NO				
M	10e. STREET AND NUMBER	0 -		101. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?				
FUNERAL	1611 ARUNDEL 1	KO		21037	7	USA).				
5	11. MARITAL STATUS 1:	2. WAS DECEOENT EVER IN U.S. A	RMEO	13. WAS DECENDENT OF NISP			RACE — American Indian,				
	1 Never Merried 2 Merried	FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO	If yes, specify Cuben, Mexic	en, Puerto Rican, etc.)		Black, White, etc.				
В	3 Wildowed 4 Divorced	WWTT		T TES 2 KU NO Spec	1 ☐ YES 2 NO Specify: Specify:						
0	15. DECEDENT'S EDUCAT	ION 16e O	ECEOENT'S USUA	LOCCUPATION	16b. KINO OF BUS	PINESS (INCLIST	White				
COMPLETED	(Specify only highest grade cor Elementary/Secondary (0-12)	mpierea) (i	Give kind of work d	one during most of working	IOD. KING OF BUS	JINEGO/INUUSI	n i				
PL	Elementary/Secondary (0-12)	College (1-4 or 5+)									
N N	17. FATHER'S NAME (First, Middle, Last)	TI	uck Dr		Truc						
				100-00-00-00-00-00-00-00-00-00-00-00-00-	AME (First, Middle, Meiden	Sumeme)					
BE	Clyde Gilson G			May Helms							
2	19e. INFORMANT'S NAME (Type/Print)	Route Number, City or Tow	City or Town, State, Zip Code)								
	Vickie Greatho	use 1	010 Ty	ler Avenue	, Annapol	napolis, MD 21403					
	20e. METHOD OF DISPOSITION 1 ☐ Burlei 2 🌣 Cremetion 3 ☐ Remove	20b. PLACE	ANO OATE OF DIS	POSITION (Name of		CATION — City					
	4 Donation 5 Other (Specify)	oundlery, or	ematory or other pla		Da	1 + 2	· · · WD				
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE	O CE	22. NAME AND AGORESS OF F	ACILITY	TT IMOI	ce, MD				
	> \/\\.	0 1000		Hardesty Fu	neral Hom	e, P.	Α.				
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory erreat, Approximate										
	23. PART I. Enter the diseases, or com-	pilications that caused the d conly one cause on each lin	eeth. Do not er	ter the mode of dying, au	ch aa cerdiec or respi	ratory erreat,	Approximate				
	IMMEDIATE CAUSE (Final	Comy one cause on each in		4			Intervel Between Onset and Death				
	disease or condition	(000)		-16							
	oue TO (OR AS A CONSEQUENCE OF):										
-			*								
ତ୍ର	Sequentielly liet conditions, b.	OUE TO (OR AS A CONSE	OUENCE OF:								
¥	If any, leading to immediate cause. Enter UNDERLYING										
윤	CAUSE (Disease or Injury that initiated events	OUE TO (OR AS A CONSE	OUENCE OF:								
CERTIFICATION	resulting in death) LAST	(4.1.1.4.1.4.1.4.1.4.1.4.1.4.1.4.1.4.1.4					i				
핑	d										
_	PART II Other significent conditions of	ontributing to deeth but not	reculting in the	underlying couse given in	Part I. 24e. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS				
2	V(K) sinator	there			PERFOR		AWAILABLE PRIOR TO COMPLETION OF CAUSE				
	KNO	OF OEATH?									
PHYSICIAN: MEDICAL							1 TES 2 NO				
Ž							1				
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	ØSPITAL:	071	28. PLACE OF OEATN (C	heck only one)						
YSI	1 TES 2 NO	Inpatient 2 - ER/Outpatient :		IER: Nursing Nome 5 🗆 Residence	8 Other (Specify)						
포	27. MANNER OF DEATH	(Month, Day, Year)	28b. TIME OF	28c. INJURY AT	28d. OEŞCRIBE HOW II	NJURY OCCURE	0				
ВУ	1 Nstural 5 Pending	(month, say, roar)	INJURY	WORK?							
	2 Accident 28a. PLACE OF INJURY — At home, ferm, street, fectory, office 281 LOCATION (Street and Mumber or Burst Boute										
Ē	4 Homicide S Could not be determined	building, etc. (Specify)			City or Town, State)						
W	29e. CERTIFIEB										
٥	(Check ghly CERTIFYING PHYSICIAL	N: To the best of my knowledge, de	eath occurred at ti	ne time, date end place, end du	e to the cause(e) end men	ner es stated.					
2 1	one)				the state of the s						
§ S	one) EXAMINER C	On the basis of examination end/or	Investigation, in r	y opinion, death occured at the	time, date and place, en	d due to the ceu	ise(e) end menner es stated.				
SE COMPLETED	29b. SIGNATURE AND TITLE OF CERTIFIER	On the basis of examination end/or	Investigation, in r	y opinion, death occured at the			NEO (Month, Day, Year)				
TO BE COM	one) MEDICAL EXAMINER C	On the basis of examination end/or	Investigation, in r								

	1 - STATE REGISTRAR	STATE OF M	ARYLAND / CE	DEPAR RTIF	ICATI	OF H	DEAT	AND N	MENTA	REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)	THELMA	MAE		H	USS			2. DATE MONT	OF DEATH	9	EAR 3.	TIME OF DEATH 1	A M
	4. SOCIAL SECURITY NUMBER 389-22-7010D	5. SEX 1 M 2 X F	6. AGE (In yrs. lest	birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE	OF BIRTH 1. Day, Year) 25,19	926 P	Country	CE (State or Foreign	
~	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY	, TOWN O	R LOCATIO	ON OF DE			9c. COUNTY			_
DIRECTOR	PENINSULA GENER	RAL HOSPIT	AL			SA	LISB	URY			W:	[COM]	CO	
EC	10a. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN C	OR LOCAT	ION					10	S. INSIDE CITY	
	MARYLAND WIC	OMICO		MA	RDEL	A SF	RING	S					LIMITS?	
IAL	10e. STREET AND NUMBER					10f.	ZIP CODE	E			10g. CITIZEI		COUNTRY?	
FUNERAL	MD ROUTE 313					2	1837					USA	A	
BY	Never Merried 2 ☐ Merried Widowed 4 ☐ Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2 X N	AED O		f yes, spe	ENDENT O	n, Maxicar	n, Puerto I	7 (Specify Yes Ricen, atc.)	or No — 14	RACE — Black, W Specify:	American Indian, hile, sic.	
ED	15. DECEOENT'S EDU (Specify only highest grade	CATION COMPOSITE CO	16a. DEC	EDENT'S	USUAL O	CCUPATIO	N		166	KIND OF BUS	INESS/INDUS	TRY		_
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +)		EMAK		during mos	st of workin	g				_		
00	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	ER'S NAM	ME (First, A	fiddle, Malden S	Surname)			
BE	WILLIAM JAMES Mck	ŒE								LEGG				
2	19a. INFORMANT'S NAME (Type/Print)									er, City or Town				
	O. LESTER HUSS 200. METNOD OF DISPOSITION							ARDE		PRINGS				
	1 Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)		20b. PLACE AS COMMETERY COUNTY MARDEL	A ME	proispos ther place! MORI	AL C	ne of EMET	ERY	2/2	1 MARD	ELA S	or Town, PRINC	State GS, MD	
	21. SIGNATURE OF FUNERAL SERVICE LI	maga M	/,		22.	NAME AN	FUN	S OF FAC	HLITY					
_	reserved 6	Like			P.	0.	BOX	3171	- SA	LTSBUR	Y. MD			
	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. COM	ceused the dee e on each line. V C E J T / DR AS A CONSECU	VE								,	Approximate interval Between Onset and Deatl	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	C	OR AS A CONSECU											
PHYSICIAN: MEDICAL (PART II. Other aignificant condition	a contributing to d	eath but not re	sulting i	n the un	deriying	cause g	iven in F	Part I.	24a. WAS AN A PERFORM	4ED?	AWA COI OF	RE AUTOPSY FINDINGS ILABLE PRIOR TO APLETION OF CAUSE DEATH? YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL					00 84						L		
SIC	EXAMINER?	HOSPITAL:	ER/Outpatient 3	7004	OTHER	l:	CE OF DE							\dashv
¥	27. MANNER OF DEATH	28a. DATE OF IN	JURY	28b. TIMI	E OF	26c. INJU	5 Red			(Specify) CRIBE HOW IN	JURY OCCUR	ED		4
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day,	(Year)	INJ	M	WOF	ES 2							1
8	3 Suicide 8 Could not be determined	26s. PLACE OF building, et	INJURY — At home, (Specify)	e, farm, s	treet, facto	ory, offica			281. LOCA	TION (Street and Town, State)	nd Number or 1	Rural Route	Number,	
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PNYSI 2 MEDICAL EXAMINE	CIAN: To the best of m	y knowledge, deat	th occurre	d at the ti	me, data a	and place,	and due t	to the cau	end place, and	her as stated.	nuse(s) and	I manner on eleted	
	296. SIGNATURE AND TITLE OF CERTIFIER		4	110.10.11			_	NSE NUME						4
TO BE	30. NAME AND ADDRESS OF PERSON WH	Words	up	j			01	209	12		29d. DATE SI	- /)	r-92	
	DONNIS Chodnick		OF DEATH (ITEM			7	ST	5	VIIS	Lury	· w	14		
	31. DATE FILEO (Month, Day, Year) FFR 2 5 '02	JZ. NEGIGINAN	S SIGNATURE		,					/				



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.

THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filted in by the funeral director, page 5 should be detached for use as the burial-transit permit filted within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

FEB 18

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

5 32. REGISTRAR'S SIGNATURE
Julia Davidson-Randess.

65

1992

30. NAME AND

	FOR 1 - STATE REGISTRAR	STATE OF MARY	AND / DEPAR CERTIF	TMEN	T OF HE	ALTH AND		E	2 06069		
	1. DECEDENT'S NAME (First, Middle, Last) ROSS	T. H	UDSON		E Oi	JEATH			S. TIME OF DEATH		
8	4. SOCIAL SECURITY NUMBER 579606159 9a. FACILITY NAME (If not institution, give stre	1 M 2 - F	(In yrs. lest birthdey) 80 yrs.	MONTHS		IF UNDER 24 HRS, HOURS MIN,	7. DATE OF BIRTH (Month, Day, Year)	W	BIRTHPLACE (State or Foreign Country) ashington, D.(
DIRECTOR	Washington Adventis	335-15-1			oma P	ark	EATH	Montg			
L DIRE	Maryland Prince	e Georges			Hill	S			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	4704 Henderson Rd.	12. WAS DECEDENT EVER I	N U.S. ARMFD	13		20748	NIC ORIGIN? (Specify Yas	U	S.A.		
ВУ	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES	2 X NO		if yea, spec	ify Cuban, Maxica	an, Puerto Rican, etc.)	1 of No.— 14.	. RACE — American Indian, Black, White, etc. Specify: White		
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co Elementary/Secondary (0-12)	TION cripleted) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of vite. Do NOT us Firefigh	vork done e retired.)	during most	af working	Distric				
BE CON	17. FATHER'S NAME (First, Middle, Last) Theodore F. Hudson	1				Marie	ME (First, Middle, Maiden Wileman				
5	19a. INFORMANT'S NAME (Type/Print) Leona C. Hudson 20a. METHOD OF DISPOSITION		4704 H	ende	erson	Rd., Te	Route Number, City or Tow Mple Hills	, MD.	20748		
	1 Burlei 20 Cremation 3 Remove 4 Donation 5 Other (Specify)	al from State	netery, crematory or of etropolit	an (Crema	cory 2	DATE 20c. LO /14/92 Ale				
	Buga 2	Juban		Ro	bert	E. Wil	helm,Inc.	Suitla	uitland Rd. nd, MD.20746		
	23. PART I. Enter the diseases, or core shock or heart failure. Lis IMMEDIATE CAUSE (Finel disease or condition resulting in death)	nplitations that cause it only one cause on e	of the death. Do not seek lina.	ot enter	the mode	of dylng, suc	h sa cardisc or respi	ratory arreat	Approximata Interval Between Onset and Daath		
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	Sequentially list conditions, If any, leading to immediate Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):									
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in daeth) LAST	OUE TO (OR AS A	CONSEQUENCE OF):							
PHYSICIAN: MEDICAL C	PART II. Other significent conditions of	contributing to death b	ut not resulting i	n the ur	nderlying o	ause given in	Part I. 24a. WAS AN PERFOR 1 TYES 2	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF OEATH? 1 YES 2 NO		
ICIAN:		IOSPITAL:		OTHER		E OF DEATH (Ch	eck only one)				
	1 YES 2 NO 1 27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	4 🗆 Nun		Y AT	8 Other (Specify) 28d, DESCRIBE HOW IN	JURY OCCUR	ED		
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide datarmined	28s. PLACE OF INJURY building, stc. (Spec	— At home, farm, s	M treet, fact		2 NO	281. LOCATION (Street e City or Town, State)	nd Number or R	Bural Route Number,		
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYINO PHYSICIA (Check only one) 2 MEDICAL EXAMINER: (Check only one)	iN: To the best of my know	ledge, death occurre	d at the ti	lme, deta an	d place, and due	to the cause(s) and man	ner as stated.	nuse(e) end manner ea stated.		
TO BE CO	29b. SIGNATURE AND TITLE OF CERTIFIER	MD				D 2 0			GNED (Month, Day, Year)		

DHMH-16 Rev 1/89

93177 5%

Lang - A

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BE 2 1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

578-05-6852

Nelva L. Hofmann

9a. FACILITY NAME (If not institution, give street and number)

1 M 2 F

5718 391 RESIDENCE OF 100. STATE Maryland				F	yatt	sville			Princ	e Geo	rge's
10e. STATE	10b. COUNT	Υ		10c. CITY, T	WN OR L	DCATION				100	d. INSIDE CITY
	Prince	George's		Hyatts	vill	e				1 (LIMITS?
100. STREET AND NUM	BER					10f. ZIP CODE			10g. CITIZEN OF WHAT COUNTRY?		
5718 39th	n Ave.					20781		United States			ates
100. STREET AND NUM 5718 39 th 11. MARITAL STATUS 1 Never Married 3 Wildowed 4		12. WAS DECEDENT EN FORCES? 1 IF YES, GIVE WAR	YES 2		II yes	OECENOENT OF HISP s, specify Cuben, Mexi YES 2 NO Spec	cen, Puerto Ric	(Specify Yes can, etc.)	ty Yee or No- 14. RACE — American India Black, Whita, etc. Specify: White		hita, atc.
M 10	OECEOENT'S EDU	CATION completed)	16a. Of	CEOENT'S US	AL OCCUI	PATION g most of working	16b. I	(INO OF BUS	INESS/INDU	STRY	-
Elementary/Seconda 12th 17. FATHER'S NAME (Fire	ary (0-12)	College (1-4 or 5+)	100	. Do NOT use re	ired.)	keeper	Co	v't P	rinti	na Of	fice
17. FATHER'S NAME (Fir	st, Middle, Lesi)		10	yrorr	ВОО	18. MOTHER'S N				ng or	lice
Edwin De	ent					Robert			,		
19e. INFORMANT'S NAI	ME (Type/Print)		19	b. MAILING AD	DRESS (Str	net and Number or Rura			n, State, Zip C	ode)	
Charlotte	e Ingra	m		12240	Apac	he Tears	Cir. L	aurel	. Md.	2070	8
20a. METHOD OF DISP		comi from State		AND DATE OF D	SPOSITIO		OATE	7	CATION — CI		
4 Donation 5 C	Other (Speely)			matory or other Lincol	n Cer	netery	2/10	Brei	ntwood	l, Ma	ryland
21. SIGNATURE OF PUR	EBAL SERVICE CI	TOD.	_		22. NAM Fort 3401	E AND ACORESS OF Lincoln Bladensb	Funera Gunera urg Rd	1 Hom . Bre	e, In	c. d, Ma	ryland
Sequentially list co- if sny, leading to in cause. Enter UNDEI CAUSE (Disease or that initiated events resulting in death)	nmediata RLYING Injury	a LEFT LIE	AS A CONSE	ON CHO	GEN	LE CARRING		NATE.Y	01867		
PART II. Other sign	ificant condition	ns contributing to dea	ith but not i	resulting in t	e under	lying ceuse given i		PERFORI	MED?	COL	RE AUTOPSY FINDINGRABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
25. WAS CASE REFERRI EXAMINER? 1 YES 2 M NO	EO TO MEDICAL				21	8. PLACE OF OEATH (C	Check only one)				
EXAMINER?		HOSPITAL: 1 Inpatient 2 ER	/Outpatient 3		HER:	Home 5 Residence	6 Other /	Specify)			
27. MANNER OF GEATH 1 Netural 5 2 Accident	Pending Investigation	28s. DATE OF INJ (Month, Dey, Y		285. TIME O	28c.	INJURY AT WORK?		RIBÉ HOW IN	IJURY OCCU	REO	
3 Suicide 8	Could not be determined	28e. PLACE OF IN building, etc.	JURY — At he (Specify)	me, farm, stree	t, factory,	office	28I. LOCAT City or	ION (Street a fown, State)	nd Number of	Rural Route	Number,
		CIAN: To the best of my									d manner as stated
29b. SIGNATURE AND					etigation, in my opinion, death occured at the time, date end place, and dua to the care. 29c. LICENSE NUMBER 29d. DATE SIC				1.7		

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

1992 32. REGISTRAN'S SIGNATURE Jundon-Randale

HONG LIEE UND

31. DATE FILEO (Month, Dey, Per) FEB 12

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

IF UNDER 1 YEAR IF UNDER 24 HRS.

HOURS

96. CITY, TOWN OR LOCATION OF DEATH

MIN.

DAYS

3415 Homelon 34 loyour sville MD. 20782

8. AGE (In yrs. last birthday)

YRS.

85

92 06070

8. BIRTHPLACE (State or Foreign Country)
Wash. DC

> Approximeta Onset and Death

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE

92

9c. COUNTY OF CEATH Prince George's

3. TIME OF DEATH 615

REG. NO.

2. DATE OF OEATH DAY 02 06

7. DATE OF BIRTH (Month, Day, Year)
May 24,1906

OHMH-18 Rev 1/89

	FOR
١.	STATE
	REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	CATE O	F DEATH		REG. NO				
I. DECEDENT'S NAME (First, Middle, Lest)	a L.	Hock	mar	1	2. DATE MONT		-9	EAR 2 0 DEATH		
578-05-8720	⊠ M 2 □ F	87 YRS.	IF UNDER 1 YEAR	HOURS MIN.	Feb	of BIRTH h. Day. Year) . 21,1	.904 Wa	BIRTHPLACE (State of Foreign Country) ashington, D.C.		
608 Opus Ave.	et and number)			n or Location of Di il Heights	EATH		9c. COUNTY	of DEATH e Georges		
nesidence of decedent ne. state 1006. county Naryland Prince	Georges		tal He					10d. INSIDE CITY LIMITS? 1 YES 2 XXNO		
608 Opus Ave.				101. ZIP CODE 20743				OF WHAT COUNTRY?		
1. MARITAL STATUS 1 Never Married 2 Married 2 Widowed 4 Divorced	N U.S. ARMED 2 NO ATES	If yes,	DECENDENT OF HISPAN specify Cuban, Maxica (ES 2 K NO Specifi	. RACE — American Indian, Black, Whita, atc. Specify: White						
15. OECEOENT'S EDUCAT (Specify only highest grade co-	FION mpleted) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use electric:	ATION most of working	ION 16b. KIND OF BUSH						
7. FATHER'S NAME (First, Middle, Last)		0.000110		•						
John R. Hockman in Informant's Name (Typo/Print)		19b, MAILING A	OORESS (Street	Carrie			vn. State Zin Co	ode)		
Don C. Hockman				e Ave.,Fo						
na. METHOD OF DISPOSITION Street Burtal 2 □ Cremation 3 □ Remove	20	o. PLACE OF DISPOSIT						y or Town, Stata		
☐ Donation 5 ☐ Other (Specify)	(C	edar Hill				/92 St	itland	l, MD.		
BIOMATURE OF FUNERAL SERVICE LICES	Lecha I			ert E. Wil		,Inc.		Suitland Rd. and, MD. 20746		
sequentisity list conditions, any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or Injury that initiated events esuiting in death) LAST	DUE TO (OR AS	CONSEQUENCE OF):		endro V p.	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-			
ART II. Other significent conditions	contributing to deeth (out not resulting in	the underly	ying ceues givsn in	Part i.	24a. WAS AF PERFO 1 YES	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
	HOSPITAL:		OTHER:	O. PLACE OF DEATH (Cr						
MANNER OF DEATH 1 Netural 5 Pending Investigation	26s. DATE OF INJURY (Month, Day, Year)	26b. TIME INJU	RY	INJURY AT WORK? YES 2 NO	28d. DE	SCRIBE HOW	INJURY OCCU	RED		
Accident Investigation Suicide 6 Could not be datarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify)					26f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
opei	AN: To the best of my known On the basis of axamination				time, del		nd due to the	cause(a) and manner as stated.		
MANUAL AND ADDRESS OF BERSON WHO	COMPLETED CAUSE OF D	(ITEM 27) (Type, F	Print)	2P2. h	32	7	105	-8-92		
FB 12 1992	32. BEGISTRAR'S SIGN	NATURE Undall	SYC	Truip.	un	14.	11.0	111-114 20/2		

TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT II Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

AND	the hos	detach	once.
BALTIMORE, MARYLAND	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within which with a sher death. Page 6 may be retained by the hospital properties of the second of the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach by the filled within 72 hours after death with the State Dept, of Health and Mental Hydlene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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POP	9 90	Jirector	um J
MALTIN	death. Pa	e funeral o	examine
	rs after	remove	dical
	1	filled i	he m
16,	d within	mpletely cremati	event, t
131	pacute	and co	natic
ŏ	ate be	ysician prior t	traur
0	certifica	fing ph ygjene	othe
۳.	death	ental H	Iry, or
30 2	at the	by the	ny Inji
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	requires th	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the formed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burlal, cremation, or removal.	shows ar
7	we law	has by Dept.	n 23
	AN: T	Uficate State	r Iten
PE	HYSICI	his cer	ked, o
NO	DING P	After the	mar
<u> </u>	ATTEN	CTOR:	28 1
2	L OR	L DIRE	Item
	OSPITA	JNERA Ithin 72	INT: H
	THE H	THE FL	PORT
	2	23	Ξ

1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH	IY	YEAR	3. TIME OF DEATN
Marie K. Hicks										10		
4. SOCIAL SECURITY NUMBER	6. SEX	6. AGE (In yrs. I		IF UNDER	1 YEAR DAYS	IF UNDER		(Mont)	OF BIRTN h, Day, Ybar)		Cour	THPLACE (State or Foreign ntry)
200 10 07//	1 M 2 T F	67	YR\$.	e (VV-TEXT)			155		mber 8			ennsylvania
9a. FACILITY NAME (If not institution, give atm						OR LOCATION		EATN			INTY OF	
2600 Keating St.	# 317			Tem	ple	Hill	.s			Pri	nce	Georges
RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY			10e CI	ry, TOWN 0	R LOCAT	ION		-				10d. INSIDE CITY
The state of the s	e George	S		nple	Hil]							1 YES 2 XXNO
2600 Keating St.					101	207					.S.A	
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	ever Married 2 Married FORCES? 1 YES 2 NO			13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—if yea, apecify Cuban, Mexican, Puerto Rican, etc.) 1 □ YES 我爱 NO Specify:					14. RACE — American Indian, Black, White, atc. Specify: White			
15. DECEDENT'S EDUC (Specify only highest grade of	completed)		DECEDENT'S (Give kind of life. Do NOT u	Work done	CCUPATIO	ON lat of workli	ng	168	. KIND OF BU	SINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	Elementary/Secondary (0-12) College (1-4 or 5+)			sor				I	J.S. Go	verr	men	+
17. FATNER'S NAME (First, Middle, Last)		1 50	.pci vi	.501		16. MOT	NER'S NA		Middle, Malden			
Leo B. Kasaczun									rtek	-universal)		
19a. INFORMANT'S NAME (Type/Print)			195. MAIL IN	G ADDRESS	(Street s				ber, City or Tow	n State 7	in Code)	·
Ann Butts									PA. 1			
20a. METNOD OF DISPOSITION		20b, PLAC	E OF DISPO	SITION /No	me of ce	metery, crer	natory or		20c. LO	CATION -	- City or	Town, State
1 Buriel 2 Cremation 3 Hemu 4 Donation 5 Other (Specify)	rvel from State	Metro	place) DOlit	an C	rema	torv	2/1	12/92	Alex	candr	ria.	VA
AL SHOWARDE OF FUNERAL SERVICE LIC	entitel		1			ND ADDRE	_		-			
Bura 6	Mel	boel.		Ro	bert	Ε.	Wilh	nelm,				tland Rd. , MD. 20746
23. PART 1. Enter the discusses, or c	omplications the	t ceused tha	death. Do	not anter	the mo	de of dy	ing, suc	ch sa car	diac or resp	iratory s	rrest,	Approximate
shock, or head failure. I	List only one cau	se on each II	na.									Onset and Dea
	Suc	dolon C	Brog.	-	Der	46						
resulting in death)	DUE TO	(OR AS A CONS	SEQUENCE (OF):		, , , ,						
	Hype	Henrie	arke	من جو	les	pic (and	CONH	cular	Du	en	10
Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONS	SEQUENCE (OF):								
cause. Enter UNDERLYING												
CAUSE (Disease or injury that initiated events	OUE TO	(OR AS A CONS	SEOUENCE (OF):								
resulting in desth) LAST	1											
PART II. Other significant conditions	contributing to	daeth but no	t resulting	in the ur	nderlyin	g ceuse	given in	Part I.	24a. WAS AN PERFO	RMED?	7 2	4b. WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
												1 TYES 2 NO
							DEATH /C	heck only o	ne)			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		LACE OF E	SEATTIN (O					
EXAMINER?	1 Inpetient 2		_		R: reing Nor	ne 8 XA			er (Specify)			
EXAMINER? 1 Services 2 Services 27. MANNER OF DEATH		INJURY	28b. TI	4 🗆 Nur	R: eing Nor 28c. IN W	JURY AT	esidence		er (Specify)	INJURY O	CCURED	
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28s. DATE OF (Month, D	INJURY lay, Year)	28b. Ti	4 - Nur ME OF JJURY M	R: reing Nor 28c. IN W	JURY AT ORK? YES 2 [esidence	28d. DE	SCRIBE HOW			
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF (Month, D	INJURY	28b. Ti	4 - Nur ME OF JJURY M	R: reing Nor 28c. IN W	JURY AT ORK? YES 2 [esidence	28d. DE	SCRIBE HOW	and Numb		al Route Number,
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined	1 inpatient 2 inpa	INJURY ley, Year) F INJURY — At atc. (Specify)	28b. Ti	4 Nur	R: reing Nor 28c. IN. W 1	ne 8 AR JURY AT DRK? YES 2 [NO	28d. DE	CATION (Street or Town, State)	and Numb	er or Aura	al Route Number,
EXAMINER? 1 PYES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC)	1 Inpetient 2 2 28a. DATE OF (Month, L) 28a. PLACE C building,	INJURY ay, Year) F INJURY — At atc. (Specify) my knowledge,	28b. Ti	4 □ Nur ME OF IJURY M , street, fac	R: reing Nor 28c. fN. W 1 tory, office	ne 8 R	NO NO	28d. DE	CATION (Street or Town, State)	and Numb	er or Rura	
EXAMINER? 1 PYES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC)	1 Inpatient 2 Case DATE OF (Month, Date of Month, of Months of Mon	INJURY ay, Year) F INJURY — At atc. (Specify) my knowledge,	28b. Ti	4 □ Nur ME OF IJURY M , street, fac	R: reing Nor 28c. fN. W 1 tory, office	ne 8 R	NO NO	28d. DE	CATION (Street or Town, State)	and Numb	er or Rura	al Route Number, e(e) and manner as stated

Hwy

30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

950 My 95 Rocks

Jan CRAIN

SIL DATE FILED (MONTH, PROVINCE)
FEB 12 1992

UPPER MARelloro MD 2772

TO BE COMPLETED BY FUNERAL DIRECTOR

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מוני עומן מוני מוני מוני מוני מוני מוני מוני מוני		28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be no
-	after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.	edical
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2000	with	rked.
2000	death	s ma
	after	28

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

IMPORTANT: If Item

92-06073

FOR 1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPARTI			MENTAL	HYGIENE REG. NO.	72	06013
1. OECEDENT'S NAME (First, Middle, Last)					2. DATE O	F OEATH		3. TIME OF OEATH
Joyce	E. /	data			MONTH 2	8 BAY	92	835 PH
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	F BIRTH Day, Year)		ITHPLACE (State or Foreign untry)
220-50-5203	1 □ M 2 🕱 F 46	YRS.	DAYS DAYS	HOURS MIN.	2-	9-45		Arizona
9s. FACILITY NAME (If not institution, give s		9	b. CITY, TOWN O	R LOCATION OF OE		9	c. COUNTY OF	FDEATH
Stella Maris Hos	brce			Towson	-		E	Baltimore
RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY	Y	10c. CITY,	TOWN OR LOCAT	ION				10d. INSIDE CITY
Maryland Princ	e Georges	Fore	st Heig	hts				LIMITS?
10e. STREET AND NUMBER			101	ZIP CODE		10	g. CITIZEN O	F WHAT COUNTRY?
19 N. Huron Dr	rive			20745		100	U.S.A	١.
11. MARITAL STATUS	12. WAS OECEDENT EVER FORCES? 1 YES			ENDENT OF HISPAN			No- 14. R	ACE — American Indian, lack, Whits, stc.
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR			2 X NO Specify		call, etc.)		white
15, DECEDENT'S EDU	CATION	16a. DECEDENT'S US	IIAL OCCUPATIO	M	Lago	ONO OF BUSINE	ee/INOLIETO	
(Specify only highest grade	completed)		k done during mo		100. 1	GNO OF BUSINE	:SS/INOUSTR	
Elementary/Secondary (0-12)	College (1-4 or 5+)	clerk			J	J.S. Go	vernme	ent
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAI	ME (First, Min	ddle, Maiden Sur	name)	
George K. Hata				Yuri Y	ano			
19s. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DORESS (Street a	nd Number or Rural F	Route Numbe	c, City or Town, S	tete, Zip Code)	
Yuri Hata		19 N.	Huron I	r., Fore	st He	eights,	MD.	20745
20a. METHOD OF DISPOSITION 1 □ Burlal 2 ☑ Cremstion 3 □ Rsm		20b. PLACE AND OATE Of cemetary, crematory or			OATE		ION — City o	
4 Donation 8 Other (Specify)		etropolita	n Crema			Alex	andria	a, VA.
ST. SIGNATURE OF FUNERAL SERVICE LI	CENSER		22. NAME AN	ID ADDRESS OF FA	CILITY	43	08 Su	itland Rd.
Druga 6	Mula	1.	Robert	E. Wilh	elm,	Inc. Su	itland	d, MD. 20746
23. PART I. Enter the diseases, or			enter the mo	de of dying, suci	h ss cardle	sc or respirat	ory srrest,	Approximate
IMMEDIATE CAUSE (Final	List only one cause on	each line.						Onset and Death
disease or condition resulting in desth)	. renal	failu	ice					
resulting in destin	DUE TO (OR AS	A CONSEQUENCE OF):						
Sequentially list conditions,	. diabet							
if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF):						
cause. Enter UNDERLYING CAUSE (Disease or Injury	C. DUE TO (OR AS	A CONSEGUENCE OF):						
that initiated events resulting in death) LAST	50E 10 (ON A	a conseductive or j.						
	d							
PART II. Other significant condition	ns contributing to death	but not resulting in	the underlyin	g cause given in	Part I.	24a. WAS AN AU PERFORME		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
					_	1 YES 2		COMPLETION OF CAUSE OF DEATH?
								1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26, PI	ACE OF DEATH (Ch	eck only one			
1 YES 2 NO	1 Inpatient 2 ER/O	utpatient 3 DOA 4	Nursing Hon	e 5 🗆 Residence		(-p//	spice	
27. MANNER OF OEATH 1 Natural 5 Pending	28s. DATE OF INJUR (Month, Day, Year		RY WO		28d. DE\$0	CRIBE HOW INJ	JRY OCCURE	
2 Accident Investigation	00- PLACE OF WILL			YES 2 NO		T1011 (7)	Number of D	ral Route Number,
3 Suicide s Could not be 4 Homicide determined	building, stc. (S	RY — At home, farm, str pecify)	eet, ractory, ome			r Town, State)	Number or Hu	rai rioute Number,
29s. CERTIFIER						_		
(Check only	SICIAN: To the best of my kn							
2 MEDICAL EXAMIN	ER: On the basis of axamina	tion and/or investigation,	in my opinion, e		-			- Company (Constitution
296. SIGNATURE AND TITLE OF CERTIFIE	00.			D 270	MBER)87	2	9d. DATE SIG	NED (Month, Day, Year)
alla A	, weya	naeva		2 -70		70	2-	6-72
30. NAME AND ADDRESS OF PERSON WI				. 1/	1	m m 1	77	11 D-7
Carla S. Alexand	der, M.D	Stella Mar	is Hosp	orce-Tows	son, I	4D-Dula	ney Va	аттеу ка.
31. DATE FILED (Month, Day, Year)	Jan Davidson	Marianoc						

sulfar fare) 2915/10/10

1 -	FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		C	ERTIF	ICATE	OF	DEATH		REG. NO				
-	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF				3. TIME OF D	EATH
	FRANCIS	D.		HUGI	TES			Febru		AY 11.	1992	7:20	Рм
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. la		IF UNDER	1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH	449		IPLACE (State of	
	014-28-9466	1 ☑ M 2 ☐ F	55	YRS.	MONTHS	DAYS	HOURS MIN,	(Month, I	Day, Year)	,	Counti	ry)	
	9e. FACILITY NAME (If not institution, give st	Λ			01 OUTY	TOMA: 6			-1937		Ma	ssachu	setts
œ	CONTINUE AND ADDRESS OF THE PROPERTY OF THE PR												
2	SOUTHERN MARYLAND HOSPITAL CENTER CLINTON PRINCE GEORGE										GEORGE'	S	
입	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY												
Ē	Manual and During	- 0- 1										LIMITS?	
91	Maryland Prince	e George'	S		0xon	-						1 YES 2	21.
FUNERAL DIRECTOR	101. AT CODE 109.								10g. CI	TIZEN OF V	WHAT COUNTRY	17	
9	7300 Abbington D									.A.			
5	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1	VER IN U.S. AF	RMED				NIC ORIGIN? (Specify Yea or No- 14. RACE			E — American I k, White, etc.	ndlen,	
BY	1 Never Married 2 X Married 3 Widowed 4 Divorced	IF YES, GIVE WAR		DATES 1 YES 2 Y NO Specify.					an, etc.)		Speci	Wy:	
	3 Widowed 4 Divorced	1959 -	1970				Λ.					Whi	te
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade)	CATION completed)	16a. DE	ECEDENT'S	USUAL OC	CUPATIO	ON st of working	16b. K	IND OF BU	SINESS/IN	DUSTRY		
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	life	. Do NOT u	se retired.)	army mo	or or working						
₽ I		5+		Meteo	rolog	rist			Fede	era1	Gove	rnment	
ő	17. FATHER'S NAME (First, Middle, Last)						16. MOTHER'S NA	ME (First, Mid			OUVE		
	William	F. Hughes	2					Sarah	A 1.7-				
BE	19s, INFORMANT'S NAME (Type/Print)	r. nugne.		b. MAILING	ADDRESS	(Street a	nd Number or Rurel i	Dall all	Chu or Fru	r State Z	in Code)		
2	Marion B. Hughes						n Drive					77.5	
	20a. METHOD OF DISPOSITION								_				
- 1	1 XBurial 2 Cremation 3 Remo	wel from State	20b. PLACE cemetery, cre	amelon or o	ther place!			DATE			- City or To		
	4 Donation 5 Other (Specify) Resurrection Cemetery 2-15-92 Clinton, Maryland												
	22. NAME AND ADDRESS OF FACILITY GEORGE P. KALAS FUNERAL HOME												
	► 111-11 1. KIL	02									-	41 007	
\neg	23. PART I. Enter the diseases, or c	omplications that c	sused the de	neth Do	not enter i	100	Oxon Hi	LL KQ.	UXO	n Hl.	LL, 1º		
1	ehock, or heart fellure. L	lst only one ceuse	on each line	B.	iot oilter	are mo	de or dying, acc	ir se cordio	c or resp	natory si	riest,	Approx	Between
	IMMEDIATE CAUSE (Finel Onset										and Death		
	resulting in death) s. Acute Dacterial endocarditis with Septic emboil												
	DUE TO (OR AS A CONSEQUENCE OF):												
Z	Sequentially list conditions b.												
E I	Sequentially list conditions, If any, leeding to immediate												
3	cause. Enter UNDERLYING CAUSE (Disease or injury												
	that initiated events	DUE TO (OI	R AS A CONSE	OUENCE O	F):								
CERTIFICATION	resulting in death) LAST										-		
	BARY II Other deathless seeds		-44 4 4 - 4	141									
BY PHYSICIAN: MEDICAL	PART II. Other algorificent conditions	s contributing to de	eath but not i	reculting	in the unc	derlying	ceuse given in	Part I. 2	ta. WAS AN PERFOR		24b	WERE AUTOPS AVAILABLE PRI	OR TO
8 1	Renal failure							1	YES 2	M NO		COMPLETION S	OF CAUSE
E I	_Respiratory fai	lure										1 TYES 2	□ NO
3													
¥	25. WAS CASE REFERRED TO MEDICAL					26, PL	ACE OF DEATH (Ch	eck only one)					
22	EXAMINER?	HOSPITAL:	0/0-44		OTHER	:							
¥	27. MANNER OF DEATH	28a. DATE OF IN		_			e 5 🗌 Residence						
급	1 Natural 5 Pending	(Month, Day,		28b. TIM	IURY		RK7	28d. DESCR	IIBE HOW I	NJURY OC	CCURED		
≥	2 Accident Investigation		<u></u>				ES 2 NO						
	3 Suicide 6 Could not be	28a. PLACE OF II building, atd	NJURY — At ho (Specify)	ome, lerm,	street, facto	ry, office		28f. LOCATI	ON (Street a	and Numbe	er or Rural F	Route Number,	
11	4 Homicide determined								oran, orano,				
۱۱ ټـ	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my	knowledge, de	ath occur	ad at the tir	no dete	and place, and due	to the course	(a) and ma		at a d		
ž		R: On the basis of sxan										and manner of	n ateta d
COMPLETED					ni, iii iiiy op	,,, u	Sam decured at the	time, data ar	u piecs, si	o aus to t	me cause(a	i) and manner i	is stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER		0				29c. LICENSE NUI	ABER .				(Month, Day, Ye	
0	100		M				D-185	545		P]	Febru	ary 12	,1992
-	30. NAME AND ADDRESS OF PERSON WHO												
	Philip Wisotsky	M.D.	b188 0 ₂	kon E	lill F	Rd.	Oxon Hil	11, Md	. 20	745			
	31. DATE FILED TARON DO MAN 1992	32. REGISTHAR'S	FIGNATURE	Band	00			-					
II.	1000	- 1	(W)07 b	Marlon	ساس								



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trangle be filled within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
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TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should by the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after cleath with the State Dept. of Health and Mental Hydrene prior to burial, cremination, or removal.	funeral director, page 5 should be desirated as the bunal-transit permit. Pages 1, 2, 3 should
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified.	caminer must be notified and
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	TO BE COMPLETED BY FUNERAL DIRECTOR

	1. DECEDENT'S NAME (First,	_	11000		,					2. DATE OF DEATH	MY	YEAR	3. TIME OF DEATH
1	FRANCE		HARR							2 - 6	2 - 6 - 92		
ı	216-38-62	267	5. SEX	9 1	YRS.	MONTHS	DAYS	IF UNDER	MIN.	4/16/00 Mar		PLACE (State or Foreign y) yland	
	9e. FACILITY NAME (If not in				9b. CITY, TOWN OR LOCATION OF DEAT						EATH		
	Holy Cros		Si	lve	r Sp	rin	g	Montgomery					
į	10e, STATE		ry, TOWN	OR LOCA	ATION					10d. INSIDE CITY			
	Md .	s F	'air		nt H		•	Lastan		LIMITS? 1XXYES 2 NO			
	5905 Le			"	207			1 -	J.S.Z	HAT COUNTRY?			
	11. MARITAL STATUS 1						P NO It yes, specify Cuban, Mexican, P			n, Puerto Rican, etc.)	e or No	Black	- American Indian, White, etc.
		EDENT'S EDU		16e.	DECEDENT'S				na	16b. KIND OF BU	SINESS/IN	DUSTRY	
	Elementary/Secondary (0	-12)	College (1-4 or 5	'	Homem	se retired.						<u>.</u>	
	17. FATHER'S NAME (First, MI	iddle, Last)						16, MOT	HER'S NA	ME (First, Middle, Meider	Surname)		
	William		rison					E	lle	n Tilman			
190. INFORMANT'S NAME (Type/Print) Patricia A. Thornton 190. MAILING ADDRESS (Street and Number or Rural Route Number, Jo											1. 21085		
	20a METHOD OF DISPOSITI 1 Suriel 2 Crematio 4 Donation 5 Other	n 3 🗆 Remi	oval from State	20b. PLA cognetery	CEAND DATE , cremetory or o	of dispo	SITION (A	Vame of	2 /			D.C	
į	21. SIGNATURE OF FUNERAL	L SERVICE LIC	ENSEE				. NAME /	AND ADDRE		CILITY			
	23. PART I. Enter the di	9	1. 51	all			H. 49	S.Wa 25 B	shi urro	ngton & loughs Ave	Sons e.,N	Inc E.	•
	shock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentially list conditi if any, leading to immediate. Enter UNDERLY! CAUSE (Disease or injuthat initieted events resulting in death) LAS*	dions, diata	DUE TO		SEQUENCE O	F):	lene Ord	nu Les UC	na	les Diss	¥		Interval Between Onset and Dasth
	PART II. Other significa	nt condition	a contributing to	death but n	ot reaulting	in tha u	ınderiyi	ng cause (given in	Part I. 24a. WAS AN PERFO	RMED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	25. WAS CASE REFERRED TO	MEDICAL					26. F	PLACE OF D	EATH (Che	ack only one)			
	EXAMINER?		HOSPITAL:	ER/Outpetien	a 3 🗆 DOA	OTHE	R:	377		6 Other (Specify)	-		
-		Pending Investigation	28e. DATE OF (Month, D	INJURY ey, Year)	28b. TIN		28c. IN W	JURY AT ORK?		28d. DESCRIBE HOW	INJURY OC	CCURED	
	3 Suicide 8	Could not be	28e, PLACE O building,	F INJURY — A atc. (Specify)	t home, ferm,	street, fa	ctory, offi	ice		281. LOCATION (Street City or Town, State		or or Rural A	oute Number,
	one)									to the cause(e) and me			and menner se stated.
	296. SIGNATURE AND TITLE		Ferra		d. n				ENSE NUM				(Month, Day, Year)
	30, NAME AND ADDRESS OF	PERSON WIL	COMPLETED CAUS	SE OF DEATH	TEM 27 CT	Defeat*		1.1/	ot	1/T	7.2	10	Te
	MYRON L	. Le	NYN	MO		э, гтт)	w	309 HEA	NON	NOREFIL	=10,	125)	
	FEB 12		32. REGISTRA	Davidson	-Aandel	22_							

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

		400			OLITTI	IOAI		DLA	111		HEG. NO			
	1. DECEDENT'S NAME (First,									2. DATE OF MONTH	DEATH	LV.	YEAR	3. TIME OF DEATH
	Wil	liam	Oscar	Her	rbert					02	-	4	92	2:45 A M
	4. SOCIAL SECURITY NUMBER	ER	5. SEX		s. last birthday)		R 1 YEAR	IF UNDER	R 24 HRS.	7. DATE OF	BIRTH		8. BIRTHE	PLACE (State or Foreign
	577-30-5071		1 № M 2 🗆 F		89 YRS.	MONTHS	DAYS	HOURS	MIN.	(Month. 0.	4-19	02	Mary	land
	9a. FACILITY NAME (If not ins		street and gumber)			ab CIT			TOTAL OF BU				_	
œ	Control of the contro					90. 01						INTY OF DE	ATH	
DIRECTOR	16306 St. Thomas Church Road					Up	oer	Marl	boro			Pri	nce G	eorge's
5							TOWN OR LOCATION							
<u>E</u>	140		e George!	1					1. 4. ~					10d, INSIDE CITY LIMITS?
	-	ע	1SU.	istrict Heights					7.11		1 YES 2 NO			
M	10e. STREET AND NUMBER			101. ZIP CODE							HAT COUNTRY?			
Ш	2123 Weber :	Drive						2	0747			U	. S.	A.
FUNERAL	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S	ARMED	13.	WAS DEC	CENDENT (OF HISPAN	NIC ORIGIN? (S	specify Yes	or No-	14. RACE	- American Indian,
	1 Never Married 2 1 1		FORCES? 1 IF YES, GIVE W	YES 2	ZNO.		If yes, ap	ecify Cube	en, Mexica	in, Puerto Rica	n, etc.)		Black,	, White, etc.
B	3 Widowed 4 Divon	ced	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Ph VII PALL			1	2.0.120	Specin	y:			Specify	White
8		EDENT'S EDUC		16a	DECEDENT'S	USUAL C	CCUPATI	ON		16b. Kil	ND OF BUS	INCRE/IN	PHETEY	WILLTE
COMPLETED	(Specify only Elementary/Secondary (0-	highest grade	(Give kind of w			work done	rork done during most of working e retired.)							o., Inc.
7	7	12)	College (1-4 or 5+				st-First Class						110 00	709 32200
× 1	17. FATHER'S NAME (First, Mid	Contract Contract		11-	1011111	SC I	LLOU							
			TT-sel-sed-							ME (First, Midd		,		
BE	Charles Ez		Herbert							Belle				
2	19a. INFORMANT'S NAME (Ty)									Route Number,				
F	Iona G. Her	bert			2123	Webe:	r Dr	., D	istr	ict He	ight	s, M	d. 2	20747
	20a. METHOD OF DISPOSITIO			20b. PLA							_		City or Tow	
	1 Burial 2 □ Cremation Donation 6 □ Other 6		oval from State	RY OC	CEAND DATE	itger place	th.	Ceme	11/1/	92	May		Mary	
1	21. SIGNATURE OF FUNERAL		THEFT.	- 1400	MILCI			ND ADDRE		OH CEN				
	//	In	1 10	1		**.	NAME A	NO AUUNE	SS OF THE	Le	e Fu	nera.	L Hom	e, Inc.
	Lough	150	Eston 7	too		66	533 (old I	Alexa	ander :	Ferr	Rd.	Cli	nton, Md.
	23. PART I. Enter the die	seases, or c	complications the	it caused the	death, Do									Approximate
	/ ahock, or he	ert fellure. I	List only one cau	se on each	line.	101 01110	Contract of the same	nue or ay	my, acc.	II da varures	OI Temps	ration y at	reat,	intarvai Between
	IMMEDIATE CANOF (FI)										Onset and Death			
	disease or condition													
	disease or condition resulting in death) a. Cutle Carskac Facture out to (or as a consequence of): Carley Clarke Cade Pasch Release													
Z	Carriage to the condition on certain Clinky Charty Cady Various Willey													
5	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):													
CERTIFICATION	cause. Enter UNDERLYING													
Ē.	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF):													
E	resulting in death) LAST		4											
8														
	PART II. Other aignifican	t condition	a contributing to	death but no	ot reaulting	in the ur	nderlyin	g cause	given in	Part I. 24	. WAS AN			WERE AUTOPSY FINDINGS
EDICAL											PERFOR			AMAILABLE PRIOR TO COMPLETION OF CAUSE
										''	YES 2	□ NO	1	OF DEATH?
Σ														1 YES 2 NO
PHYSICIAN:														
ਹੋ	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:	/		OTHE		ACE OF O	EATH (Ch	eck only one)				
S	1 TES 2 NO		1 Inpatient 2	ER/Outpatien	A 3 DOA			e 5 □ Re	esidence	6 Other (Sp	pecify)			
Ĭ	27. MANNER OF OEATH		28a. DATE OF (Month, Da		28b. TIM		28c. INJ	URY AT		28d. DEŞCRI	BE HOW II	LJURY OC	CURED	
	1 Netural 6 P	Pending restigation	(morars, wa	By, Twair)	ITeu	JURY M		YES 2	¬ NO					
BÝ	2 Cutates		28e, PLACE O	F INJURY - A	t home, ferm,	street, fac				28I. LOCATIO	N /Street a	nd Number	or Rival Re	ni da Mismbago
		Could not be letermined	building,	etc. (Specify)				2.1		City or To	wn, State)	The experience.	Or emission	Ge Nomber
COMPLETE				+										
4			CIAN: To the best of											
8	one) 2 MEDIC	AL EXAMINER	R: On the builty gires	xamination end	l/or investigation	on, in my o	opinion, d	leath occur	red at the	time, date and	place, en	d due to th	ne ceuse(e)	and menner ea stated.
12	29b. SIGNATURE AND TITLE O		1 50	-	7									
BE	118	100	Mei	con	1			200	ENSE NUM	ILK /		29d. DAI	E SIGNED	Month, Day, Year)
2	1000	eu	70/	7	Q			Y	1	201		0	6-1	4.72
-	30. NAME AND ADDRESS OF	PERSON WHO	S COMPLETED CAUS	SE OF DEATH (ITEM 27) (Type	, Print)								
	Benjamin S.	Pecsoi	n M.D.	6106	old si	TURY	· Hil	7 Pd	1 FC	roctif	110	C FM	0747	
	FEB 2 00 YE	2000	32 REGISTRA	R'S SIGNATUR	Prode 82	LV			La pict	ILESLV.		MULL	11/4/	
	FEBAU	1992	guna va	W100014-1	la lacare									

detached for use as the burial-transit permit, Pages 1, 2, 3 should

fied at once.

BALTIMORF MARY LAND 21215-0020 hours after death. Prop. 6 ms for many of the hospital or attending physician.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Pro 6 m to THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filted in by the twent describe filted within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or manner.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be min.

DHMH-18 Rev 1/89

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45.45

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	2
	must
	T. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at one
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nation,	the .
II, cren	event
Mua	tic
9	E
phor	trai
1 /2 nours after beam with the state Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	or item 23 shows any injury, or other traumatic event, the me
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Men	Injur
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NOUTS S	f. If Item 28 is marked,
171	=
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	REGISTRAR		CERTIF	ICATE OF	DEATH	REG.	NO			
	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF DEATI	Н	3. TIME OF DEATH		
	Medford Cl	layland	Hoxte	r		1 26	DAY 92	YEAR		
	4. SOCIAL SECURITY NUMBER 5. SEX		(In yrs. last birthday)	IF UNDER 1 YEAR		7. DATE OF BIRTH		L BIRTHPLACE (State or Foreign		
	217-16-1522 15	M 2 🗆 F	75 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Yea 08-20	r)	Country)		
	9a. FACILITY NAME (If not institution, give street end		, ,	96. CITY, TOWN	OR LOCATION OF D			Stevensville MD		
S	Memorial Hosp	ital	1							
ठ	RESIDENCE OF DECEDENT									
H	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY									
0	Maryland Queen			LIMITS?						
MA	10e. STREET AND NUMBER			Oueen A	of. ZIP CODE	N OF WHAT COUNTRY?				
FUNERAL DIRECTOR	Rt. 2 Box 2				21657		11	.S.A.		
ה	11. MARITAL STATUS 12. WA	AS DECEDENT EVER IN	U.S. ARMED	13. WAS DE	CENDENT OF HISPA	NIC ORIGIN? (Specify	Yes or No- 14	I. RACE — American Indian		
ВУ	1 Never Merried 2 X Married IF V	YES, GIVE WAR OR DA	ATES	if yes, s	pecify Cuben, Mexico S 2 X NO Speci	an, Puerto Ricen, etc.	1	Black, White, etc. Specify:		
		W.W.I						white		
COMPLETED	15. DÉCEDENT'S EDUCATION (Specify only highest grade complete	(ed)	tea. DECEDENT'S	work done during m	ON inst of working	16b. KIND OF	BUSINESS/INDUS			
m		ge (1-4 or 5+)	life. Do NOT use	se retired.)						
MP	8		Chesapea	ike Bay	Bridge	D.O.1	for S	St. of MD		
00	17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Mai				
BE	Archie Clayland	d Hoxter			Jose	ph Addis	son For	reman		
10	19e. INFORMANT'S NAME (Type/Print)	-	19b. MAILING	ADDRESS (Street	and Number or Rural	Route Number, City or	Town, State, Zip Co	ode)		
-	Alice C. Hoxter	r	Rt.	2 Bo:	x 2, Qu	een Anne	e. MD	21657		
	20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Removal from		PLACE AND DATE O	DEDISPOSITION (N	ame of		LOCATION - City			
	4 Donation 5 Other (Specify)		tevensvi.	lle Ceme		1/29 St	evensvi	lle, Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	111	•	22 NAME A	ND ADDRESS OF EA	MAIL ITY				
	Mamas W. H.	1.0 la 10		106 6	16TTello	eln rune	eral no	Omes, PA		
	23. PART I. Enter the diseases, or complice	Anny that caused	erv	100 2	Mainroci	K KD, CI	lester,	MD 21619		
	SHOCK, OF Heart lange. List on	y ona cause on as	ich iina.	ot anter the mi	ida of dying, suc	h as cardiac or re	spiratory arrest	t, Approximate Interval Batween		
	IMMEDIATE CAUSE (Final disease or condition)						Onset and Death		
	resulting in death)	namon								
	5	DUE TO (OR AS A	CONSEQUENCE OF):						
O	Sequentially list conditions, If any leading to immediate Due TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE IU JUI AN A	CONSEQUENCE OF	11 /	0.1	*				
음	CAUSE (Disease or injury	DHF TO (OR AS A	OONSEQUENCE OF	-	MINCI					
E	that initiated events resulting in death) LAST	0	ONSEGUENCE OF):						
CE	d	mus	7 2+	1000						
	PART II. Other significant conditions contri						AN AUTOPSY	24b. WERE AUTOPSY FINDINGS		
EDICAL	Disseminated in	ntruvage	en co	sam at	ton		FORMED?	AMILABLE PRIOR TO COMPLETION DF CAUSE		
	GI blue			0		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2 NO	OF DEATH?		
Σ.	O					—		1 TES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	/		28. P	LACE OF DEATH (Ch					
SIC	EXAMINER? HOSP	PITAL: patient 2 - ER/Outpe		OTHER:						
H		Be. DATE OF INJURY	28b, TIME		ne 5 Residence	8 Other (Specify)				
	1 Natural 5 Pending	(Month, Day, Year)	INJU	URY WO	ORK?	28d. DESCRIBE HO	V INJURY OCCUR	IED-		
BY	2 Accident Investigation	- BI ACE OF INJURY	41 5000 6000 6		YES 2 NO					
	3 Suicide 8 Could not be 4 Homicide determined	Be. PLACE OF INJURY - building, etc. (Specif	- At nome, term, at	reet, factory, offic	•	28f. LOCATION (Stre City or Town, Sta	at end Number or F ate)	Rural Route Number,		
L 1	an armine									
<u>u</u>		the heat of our tracell	dge, death occurre	d at the time, date	end place, end due	to the ceuse(e) end r	nanner se stated.			
APLE	29e. CERTIFIER (Check only one)	the peat of my known				time, date and place	end due to the c			
OMPLE	(Check only one) t CERTIFYING PHYSICIAN: To the property one) The property of the property of the property one of the property of the proper	a basis of examination	end/or investigation	1, In my opinion, c	teath occured at the	time, and and place,		euse(e) end manner se stated.		
	(Check only CERTIFYING PHYSICIAN: To	e basis of examination	end/or Investigation	n, In my opinion, c	29c. LICENSE NUN			IGNED (Month, Day, Year)		
BE	(Check only 2 MEDICAL EXAMINER: On the 296 SIGNATURE AND TITLE OF CERTIFIER	e basis of examination	end/or investigation							
	(Check only one) 2 MEDICAL EXAMINER: On the	e basis of examination	end/or investigation							
BE	(Check only 2 MEDICAL EXAMINER: On the 296 SIGNATURE AND TITLE OF CERTIFIER	e basis of examination	end/or investigation							
	(Check only one) 2 MEDICAL EXAMINER: On the 29b SIGNATURE AND TITLE OF CERTIFIER ON A VIOLET OF CERTIFIER ON A VIOLET OF CERTIFIER ON A VIOLET OF CERTIFIER ON A VIOLET OF CERTIFIER ON A VIOLET OF CERTIFIER ON A VIOLET OF CERTIFIER ON A VIOLET OF CERTIFIER ON A VIOLET OF CERTIFIER ON A VIOLET OF CERTIFIER ON A VIOLET OF CERTIFIER ON A VIOLET OF CERTIFIER OF CERTIFIER ON A VIOLET OF CERTIFIER O	e basis of examination	ATH (ITEM 27) (Type, I							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be-retained by the hospital or attending physician.	TO THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 sh	The second secon	000	
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fter death	the fund	oval.	ai exan	
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vithin 24	pletely fil	remation	ant, the	
ecuted v	nd com	burial, c	atic evi	
te be ex	sician a	prior to	traum	
certifica	ding phy	Hygiene	r other	
ne death	the atten	Mental	njury, o	
es that th	ned by	alth and	any in	
w require	been sig	rt. of He	Show	
: The la	cate has	state Deg	Item 23	
IYSICIAN	is certific	ith the S	ed, or	
DING P	After th	death w	s mark	
R ATTEN	RECTOR:	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified an encel	
PITAL OI	ERAL DI	n 72 hot	T: If ite	
HE HOS	HE FUNI	led withi	ORTAN	
5	2	be fi	E	

BALTIMORE, MARYLAND 21215-0020

Pages 1, 2, 3 should

FOR 1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	HEGISTRAR		CERTIF	ICATE (OF DEATH	REG. NO).				
	1. DECEOENT'S NAME (First, Middle, Last)			TIDAT ST		2. DATE OF DEATH MONTH	AY YE	3. TIME OF DEATH			
		ames		HEALY		-	0, 199				
			(In yrs. last birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)			
	202 20 2702		33 YRS.	- DA	TOURS MIN.	10/6/1908 WV					
~	9a. FACILITY NAME (If not institution, give stree			WN OR LOCATION OF D	EATN	9c. COUNTY	OF DEATN				
ō	Memorial Hospital			Cumberland Allegan							
S	10a. STATE 10b. COUNTY		10c CIT	Y, TOWN OR L	OCATION						
DIRECTOR	WV Miner	ra 1						10d. INSIDE CITY LIMITS?			
7	10e. STREET AND NUMBER	.aı	PI	edmon	101, ZIP CODE		Lan arrange	YES 2 NO			
FUNERAL	70 W Hammigan	0.4					TOG. CITIZEN	OF WHAT COUNTRY?			
3	70 W. Harrison	2. WAS DECEDENT EVER I	N U.S. ARMED	13 WAS	26750	NIC ORIGIN? (Specify Ye	DAGE A STATE OF THE STATE OF TH				
E	1 Never Married 2 Married	FORCES? 1 TYES	2 NO	If yes	, specify Cuban, Maxico YES 2 XNO Specifi	in, Puerto Rican, atc.)		RACE — American Indian, Black, White, alc.			
BY	3 Widowed 4 Divorced	WII 1943-		''	TES 2 JUNO Specifi	у.		Specify: Lite			
	15. DECEDENT'S EDUCAT (Specify only highest grade cor	TON moleted)	16a. DECEDENT'S	6a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) (Give NOT use retired.)							
<u> </u>		College (1-4 or 5+)	life. Do NOT u	se retired.)	y most or working						
- B	12	2	Postm	aster		U.S.	Posta	l Serv.			
COMPLETED	17. FATNER'S NAME (First, Middle, Last)				18. MOTNER'S NA	ME (First, Middle, Maiden					
44	John E. Healy	7			Ellen	I. Bisset	t				
O BE	19a. INFORMANT'S NAME (Type/Print)				set and Number or Rural	Route Number, City or Tow	n, State, Zip Coo				
	Thelma C. Heal		70 W	. Har	rison St	OATE 20c. LO	ont, W	V 26750			
	20a. METNOD OF DISPOSITION 1 X Byrial 2 Cremation 3 Remova	from State cen	PLACE AND DATE	OF DISPOSITION	N (Name of	OATE 20c. LO	CATION — City	or Town, State			
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICEN:	15	t. Pet	er's (Cemetery	2/14/92	Weste	ernport			
1	21. SIGNALORE OF FUNERAL SERVICE LICEN	11	1.71	22. NAM	E ANO ADDRESS OF FA	uneral H					
	William H	Tredlo	che!			, Piedmo		7 26750			
	23. PART I. Enter the diseases, or com	plications that ceused	the deeth. Do r	ot enter the	mode of dying, suc	h ss cardlec or resp	ratory srrest,	Approximate			
1	shock, or heart failure. Lis IMMEDIATE CAUSE (Fine)	t only one cause on e	ech line.					Interval Between Onset and Death			
	disease or condition resulting in death)	Q ru	re Dec	PIRAT	Du Car	1.05					
		OUE TO (OR AS A	CONSEQUENCE O	ŋ:	427 77						
Z	Sequentially list conditions, N any leading to immediate OUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	in any, resump to intrinsical										
일	CAUSE (Disease or Injury C	OUE TO (OR AS A	SAL S-	RACTY							
Ē	that initiated events resulting in death) LAST										
8	d	057	GOPOROS	15							
	PART II. Other significant conditions c	ontributing to death b	ut not resulting i	n the underl	ying ceuse given in	Part I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS			
EDICAL	DIABETES,	PNEUMONI	A OR	SANIC	HEART	PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE			
ME		BLN 4 TRITIE		NEEM			E 110	OF DEATH?			
÷ I					7						
PHYSICIAN:	25. WAS CASE REFERRED TO MEO/CAL EXAMINER?			21	. PLACE OF OEATH (Ch	eck only one)					
Š		OSPITAL: Inpatient 2 ER/Outp	atient 3 DOA	OTHER: 4 Nursing I	Nome 5 - Residence	8 Other (Specify)					
£	27. MANNER OF DEATN	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM		INJURY AT WORK?	28d. OEŞCRIBE NOW II	NJURY OCCURE	0			
BY	1 Natural 5 Pending 2 Accident Investigation	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1110		YES 2 NO						
	3 Sulcide 8 Could not be	28e. PLACE OF INJURY building, atc. (Spec	— At home, farm, a	freet, factory, c	office	281. LOCATION (Street & City or Town, State)	and Number or R	ural Route Number,			
E L	4 Nomicide delarmined					Only of rown, State)					
2	29a. CERTIFIER 1 CERTIFYING PHYSICIAI	N: To the best of my know	edge, daath occurre	d at the time, o	fate and place, and due	to the cause(a) and man	ner as stated.				
COMPLETED	one) 2 MEDICAL EXAMINER: C	on the basis of exemination	and/or investigation	n, in my opinio	n, death occured at the	time, data and place, an	d due to the cau	use(a) and manner as stated,			
Ü	29b. SIGNATURE AND TITLE OF CERTIFIER	Do al P			29c. LICENSE NUN			INED (Month, Day, Year)			
œ		13200	HD		D 23334	753.71		12/9L			
2	30. NAME AND ADDRESS OF PERSON WNO CO	OMPLETED CAUSE OF DE	ATN (ITEM 27) (Type,	Print)			/	110			
	Dr. shah, P.O. Box			1556							
	31. OATE FILEO (Month, Day, Year)	32. RECHOTRAB'S SIGN	TURE L. DO								
	FFR 1 9 1992 4	when wall doon-	molina								

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020	s hours after death. Page is much be entanged by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, press a should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funk of filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last) Hiers, Arthur	Arthur	J. Hi	ers				2. DATE OF MONTH	DEATH D	* 06	92	3. TIME OF DEATH 3:50 A. M
			AGE (In yrs. les		IF UNDER 1	EAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF 3/14/	26°		a. BIRTH	PLACE (State or Foreign
TOR	Se. FACILITY NAME (If not institution, give street Greater Laurel B		e Hosp	ital	9ь. сіту, т Laur	-111	R LOCATION OF D	EATH			nty of D	George
DIRECTOR	10e. STATE 10b. COUNTY	e George			r TOWN OR	LOCAT	ION					10d. INSIDE CITY LIMITS? 1 YES 2/Y NO
FUNERAL	100. STREET AND NUMBER 14202 Adkins Roa	d				1	20708			10g. CITI		WHAT COUNTRY?
BY FUR	1 Never Married 2 X X Married	WAS DECEDENT F FORCES? XX IF YES, GIVE WAR	YES 2 N	MED 10	lf y	96, spe	ENDENT OF HISPA icity Cuben, Mexic 2X XNO Speci	an, Puerto Rica	pecify Yee n, etc.)	or No-		
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade com	ON	(Gi	ive kind of w Do NOT use		ing mos	N st of working			SINESS/IND		White
COMP	11 17. FATHER'S NAME (First, Middle, Lest)	0	Tra	ffic	Contr	o1	16. MOTHER'S N			Railı Sumamo)	road	
8	Thomas Johnson H 194. INFORMANT'S NAME (Type/Print)	iers	191	o. MAILIND	ADDRESS (S	treet ar	Ruby N	Route Number, 0		n, State, Zip	Code)	
2	Marna K. Hiers 20a. METHOD OF DISPOSITION 1 Burlel 2/1/Cremetton 3 Removal			4202	Adkir	S	Road La		MD	20708 CATION —	8	
	1 Buriel 2XXCremation 3 Removal 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENS		Balto	matory or oth	Sh. (re	natory		La	urel		ryland
	Tolalthu	leapla	,				Kandy S				el. 1	MD 20707
CERTIFICATION	23. PART I Énter the disesses, a come ahock, or heart felifure. List IMMEDIATE CAUSE (Finel disesse or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in death) LAST	DUE TO (DR	AS A CONSED	DUENCE OF	en	e mod	oliga a	ator	nor respi	server	rest,	Approximate Interval Between Onset and Daeth
MEDICAL	PART II. Other significent conditions of	entributing to dea	ith but not re	esulting in	the unde	riying	cause given in		. WAS AN PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
- 1	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE DF DEATH (C)	eck only one)				
PHYSICIAN:		OSPITAL: Impetient 2 - ER			OTHER: 4 - Nursing		5 Residence			I HIERY OOG	Nuce	
87 P	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Y	UNT	INJU	M	WOF	RK? ES 2 NO					
EIED	3 Suicide s Could not be determined	28e. PLACE OF IN building, etc.	(Specify)	me, term, st	reet, factory	office		281, LOCATIO City or To	N (Street a wn, State)	nd Number	or Rural A	loute Number,
COMPLETE	28e. CERTIFIER (Check only one) 1 CERTIFYIND PNYSICIAN 2 MEDICAL EXAMINER: On) and manner se stated.
0 85	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO CO	WALL STEP CALLED	no				D24	MBER (997		29d. DATE	2/C	(Month, Day, Year)
	Luis A. CASA.	s and	831:	7 Ch	HERN	4	CA.	conn	EC.	m	2	0707
	S1. DATE FILED (Month, Day, Year) FEB 1 0 1992	Julia D	signature widson-	Pandel	e.							

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pred by the hospital or attending physician.

Insult be detached for use as the burial-transit permit. Pages 1, 2, 3 should TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Plot 6 may be 10 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner minist is not

92 06080 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

•	1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF			HYGIENE REG. NO.	06080
	1. DECEDENT'S NAME (First, Middle, Last) NINA HA	RT				2. DATE OF MONTH		YEAR 4 25 AM
5000	4. SOCIAL SECURITY NUMBER 060 05 0743 A	1 🗆 M 2)XXF	n yrs. last birthday) 91 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, D March		a. BIRTHPLACE (State or Foreign Country) New York
TOR	9a. FACILITY NAME (If not institution, give s Hebrew Home of G RESIDENCE OF DECEDENT		ngton	Pockv	or location of the state of the	DEATN	9c. COU	Montgomery
DIRECTOR	10a. STATE 10b. COUNT	gomery	10c. CITY	Rocky				10d. INSIDE CITY LIMITS? 1XXYES 2 NO
FUNERAL	100. STREET AND NUMBER 6121 Montrose Ro	ad		1	01. ZIP CODE 20852			ted States
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR OA	2NO	if yes, o	pecify Cuban, Mexic S 2 NO Spec	an, Puerto Rice	Specify Yea or No— in, etc.)	14. RACE — American Indian, Black, White, etc. Specify: White
IPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)			usual occupation done during no retired.) Secret	lost of working		no of Business/ini	DUSTRY
BE COMPL	17. FATHER'S NAME (First, Middle, Last) Louis Horn				Anna	F1asch		
101	Rosetta L. Winkl	er	6413	ADDRESS (Street Earlham	Drive,	Bethes	city or Town, State, Zi da, Maryl	and 20817
	20a. METNOD OF DISPOSITION 1	oval from State ceme	PLACEANDDATEO etery, cremetory or ott etropoli	tan Cre	matory2/			City or Town, State
	Donald (1. Stottle	myer	STEI 232	CARROLL	MEMOR STREET	. NW WA	RAL HOME, Inc. ASHINGTON, DC
	23. PART I. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. RESPIK	RATORY	1 F	A(LUI		or reapiratory ar	Approximate Interval Between Onset and Death
NO	Sequentially list conditions,	PNEU	CONSEQUENCE OF	A				
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	C. SEPSIS DUE TO (OR AS A	CONSEQUENCE OF					
	PART ii. Other aignificant condition		NTIA	a the sandarkal		mar I a		
N: MEDICAL			a not read any is	i the underlyn	ig cause given in		a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINOINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	TLACE OF DEATN (C		- M.J.	
ву РНУ	27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigation	26s. DATE OF INJURY (Morth, Day, Year)	28b. TIME	OF 28c. IN	JURY AT ORK? YES 2 NO	1	IBE HOW INJURY OC	CURED
	3 Suicide 6 Could not be 4 Homicide determined	28s. PLACE OF INJURY building, atc. (Speci	— At home, farm, st	treet, factory, offi	ca	261. LOCATIO City or To	ON (Street and Number own, State)	r or Rural Route Number,
COMPLETED	one) 2 MEDICAL EXAMINE							nted. The cause(s) and manner as stated.
TO BE	Merry Vem	mymis	PHYSI	CIAN	D35	MBER 579/	29d. DAT	E SIGNED (Month, Day, Year) 2/2/92
	30. NAME AND ADDRESS OF PERSON WN W. VEMUR 21. DATE EVED (Accept). One Mercia	1, HEI	BREU	HO HO	ME	ROCK	CUILL	E, MD.
	31. DATE FILED (MONIE, Day, Monie)	32. REGISTRAR'S SIGNA	indell.					

	FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIEN REG. NO.	E	00001
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	YEAR	3. TIME OF DEATH
	CECILIA G	arrett HARG	ROVE			02 0		
	4. SOCIAL SECURITY NUMBER		n yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	S. BIR Cou	TTHPLACE (State or Foreign intry)
	577-09-9400 9e. FACILITY NAME (If not institution, give		86 YRS.			01/23/06		port News, VA
œ					R LOCATION OF DE	ATH	9c. COUNTY OF	
DIRECTOR	PRINCE GEORGE'S H	OSPITAL CENTE	:R [CHEVE	KLY		PRINCE	E GEORGE'S
E	10e. STATE 10b. COUN			TOWN OR LOCAT				10d, INSIDE CITY LIMITS?
	Maryland Pri	nce George's	(Cheverly				1 YES 2 NO
FUNERAL	3100 Treemont St	woo#		10f.	20785			F WHAT COUNTRY?
N N	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	III S ARMED	12 WAS DEC		IC ORIGIN? (Specify Yes	U.S.	
	1 Never Married 2 Married	FORCES? 1 YES	2 NO	If yes, spi		, Puerto Rican, etc.)	Bio	ACE — American Indian, ack, White, etc.
В В	3 X Widowed 4 Divorced			1 123	Z gg NO Specify.		зр	White
COMPLETED	15. DECEDENT'S ED (Specify only highest grad	UCATION le completed)	18e. DECEDENT'S U	ork done during mo:	N st of working	16b. KIND OF BUS	INESS/INDUSTRY	
٦	Elementary/Secondary (0-12)	College (1-4 or 5+)	Supervis			Weeken	- TI	
MO	17. FATHER'S NAME (First, Middle, Last)		Supervis	90T	18 MOTHED'S NAS	MESTEL ME (First, Middle, Maiden	n Union	
BE C	George Pinkman G	arrett				ae Marshal		
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a		oute Number, City or Town		
F	Earl C. Hargrove		1010 Ma	artin Lu	ther Kin	g Highway,	Lanham	, MD 20706
	20e. METHOD OF DISPOSITION 1 XBuriel 2 Cremetion 3 Inches	novel from State 206.	PLACE AND DATE OF	F DISPOSITION (Na	me of	DATE 20c. LO	CATION — City or	Town, State
	4 Donation 5 Dother (Specify)	was	shington	Nationa	1 Cem. 0	2/11/92 Su	itland,	Maryland
	Jan V	7201		Franci	s Gasch	s Sons Fun	eral Ho	me, PA
	1 W/K/-	Jupau	W	4739 B	altimore	Ave., Hya	ttsvill	e, MD 20781
	23. PART . Entar the disesses, or shock, or heart fellure	compileations that caused List only one esuse on ea	the death. Do no och line.	ot enter the mo	da of dying, such	ss cerdiac or respi	ratory arrest,	Approximets intervsi Between
	iMMEDIATE CAUSE (Final disease or condition	house	ni 1	1014	0-	0.00		Onset and Death
ı	resulting in death)	DUE 19 (OR AS A	CONSEQUENCE OF	1	Lows	stoc		
z		V debilit	vand	brea	some s	quile de	mentos	
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate	DUE TO FOR A	CONSEQUENCE OF	0	600	0 0	-	
FI C	CAUSE (Disease or injury	COURTO (OR AN A	CONSEQUENCE OF	cer	New York	ulay dra	uas	
E	that initisted events resulting in death) LAST	DOE TO TON HE K	CONSTIGUENCE OF					
		d, .						
¥	PART II. Other significant condition	ns contributing to death be	ut not resuming in			Part i. 24a. WAS AN PERFOR		4b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
ă	Chamber	plus les	1 mil	pero	Lo	1 YES 2	200	COMPLETION OF CAUSE OF DEATH?
M			V	9.				1 YES 2 NO
AN	25. WAS CASE REFERRED TO-MEDICAL			00 74	105.05.05.711.401			
PHYSICIAN: MEDIC	EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (Che			
H	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME	OF 28c. INJU		28d. DESCRIBE HOW II	JURY OCCURED	
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJU		ES 2 NO			
	3 Suicide 8 Could not be	28e. PLACE OF INJURY building, atc. (Speci	- At home, farm, at	reet, factory, office		28f. LOCATION (Street e City or Town, State)	nd Number or Rura	il Route Number,
COMPLETED	4 Homicide determined							
4 P		SICIAN: To the beat of my knowl						
S I	METRICAL EXAMIN	ER: On the basis of examination	nd/or investigation	, in my opinion, de	ath occured at the t	ime, date end place, end	d due to the cause	e(e) and manner se stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIE	"21 0/4	d:		29c. LICENSE NUM	BER	29d. DATE SIGNI	(Month, Dyly, Year)
2	38. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF THE	TH STEW OF COMME	holanti .			-a/	1/72
		A STATE OF DEA	- Cype /	THE PARTY OF THE P				
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNY	TURE 10. J. N	,				
	FEB 11 199	2 Juna David	son-Managa					



Andrew Sale Sales Marie Marie

- 4	1. DECEDENT'S NAME (First, Middle, Last) N.	A-D-37 P / TIME	NID O ST	TE OF DEATH	2. DATE	OF DEATH		3.1	TIME OF OEA
	mary	er H E	SUDON	7	MONT		- 9 ×	EAR C	260
				NDER 1 YEAR IF UNDER 24 HRS. THIS DAYS HOURS MIN.	7. DATE	OF BIRTH	,, 8.	BIRTHPLA Country)	CE (State or I
	9a. FACILITY NAME (If not institution, give street	M 2 OF	Y VAS.	CITY, TOWN OR LOCATION OF		0	9c, COUNTY	MARY	
SR			A DT	NAPOLIS	OEAIH				RUND
DIRECTOR	ANNE ARINDEL MED RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY			WN OR LOCATION					I, INSIDE CIT
DIR	MARYLAND ANNE	ARUNDEL	ANNAP					1 [LIMITS?
TAL	10e. STREET AND NUMBER	T 4 37 T		101. ZIP CODE					COUNTRY?
FUNER	610 GREENBRIAR	LANE	J.S. ARMED	21401	PANIC ORIGI	N? (Specify Yea o	U.S		American Inchits, etc.
BY FL	1 Never Married 2 Married 3 X Widowed 4 Otvorced	FORCES? 1 YES		If yes, specify Cuban, Mex 1 ☐ YES XIXNO Spe	ican, Puerto			Black, WI Specify:	hits, etc.
ED B	15. DECEDENT'S EDUCATION	ON 1	6a. DECEDENT'S USU/	AL OCCUPATION	16	b. KIND OF BUSH		LACK	
E	(Specify only highest grade com	pleted) plege (1-4 or 8 +)	(Give kind of work of life. Do NOT use reti	lone during most of working					
COMPL			HOUSEWI						
_	17. FATHER'S NAME (First, Middle, Last)			-1101		Middle, Maiden S			
38 C	WILLIAM GROSS 19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	RESS (Street and Number or Rur		DENT Der, City or Town,		ode)	9.1
2	SHIRLEY THOMAS			EENBRIAR LA	A. Al	NAPOL	IS,	MD.	2140
	20a. METHOD OF DISPOSITION 1 St Burlei 2 Cremation 3 Removal	from State of cer	PLACE AND DATE OF metary, crematory or of	her place)	2+12	TE 20c. LOC	ATION — CH	ly or Town,	State
V	4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENS		NELAWN M	EM PARK 22. NAME AND ADDRESS OF	T 9 9 2	AN:	NAPO	LIS,	MD.
	Form M	Roose		REESE & SO	ONS N	ORTUA	RY,	P.A.	2140
	IMMEDIATE CAUSE (Final disease or condition	(2)							
RTIFICATION	disease or condition reaulting in deeth)	OUE TO (OR AS A C	CONSEQUENCE OF):	Zeerlo					
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST	DUE TO (OR AS A C	CONSEQUENCE OF):		In Dec.	I ac una			Onset a
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TENTE THE STATE OF

_	REGISTRAR			IENT OF HEALTH AND ATE OF DEATH		REG. NO.		
	1. DECEDENT'S NAME (First, Middle, L. James E.	Hayes 3	JAMES M.		MONT	2 11	92	1030 A
)	4. SOCIAL SECURITY NUMBER 219-32-2658	1 X M 2 🗆 F	55 YRS. MO	UNDER 1 YEAR IF UNDER 24 HRS NTHS DAYS HOURS MIN.	. (Mont	of BIRTH h, Dey, Year) 14 1937	MAR	YLAND
40		L MEDICAL CEN		ANNAPOLIS	DEATH		ANNE	ARUNDE:
DIRECTO	MARYLAND			OWN OR LOCATION NNAPOLIS				Od. INSIDE CITY LIMITS? YES 2 NO
	10e. STREET AND NUMBER		A	101. ZIP CODE		10g. CI	TIZEN OF WHA	
BY FUNERAL	1407 HAYES R(11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 X Morroed	12. WAS DECEDENT EVER IN INTERPRETATION OF THE PROPERTY OF THE	2 .40	21401 13. WAS OECENOENT OF HISI If yes, specify Cuben, Men 1 YES 2 7 NO Spe		N7 (Specify Yes or No-	U.S.A 14. RACE - Black, V Specify: BLA	- American Indian White, etc.
PLETED	15. DECEDENT'S (Specify only highest of Elementary/Secondary (0-12)	EDUCATION	16a. DECEOENT'S US (Give kind of work life. Do NOT use re	done during most of working tired.)	168	a. KIND OF BUSINESS/II		<u> </u>
COMPL	17. FATHER'S NAME (First, Middle, Last)	LABURE	16. MOTHER'S		Middle, Malden Surname))	
BE	PERRY HAYES	S, SR.	19b. MAILING AD	MAR	GIE H		Zio Codel	
5	MARGIE HAYES			YES ROAD AN				1
	20a, METHOD OF DISPOSITION	Removal from State 20b.	PLACE AND DATE OF	DISPOSITION (Name other place)	DA1		- City or Town	ı, Stata
	4 Donation 5 Other (Specify)		BURY BRO	ADNECK CEME 22. NAME AND AODRESS OF		97 ST.	MARGA	RETS,
	Lavy	A. Koose		REESE & SO				-
	23. PART I. Enter the diseases,							
	shock, or heart falls IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	s	ch line.	enter the mode of dying, s Nat Failure	euch as car	diac or respiratory s		Approxima interval Be Onset and
FICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury	SDUE TO (OR AS A C	te rev	enter the mode of dying, a	euch as car	diac or respiratory s		Approxima interval Be Onset and
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TO BE COMPLETED BY FUNERAL DIRECTO

CTATE OF MADVIAND / DEDADTMENT OF HEALTH AND MENTAL HYCITAL

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RESIDENCE OF DECEDENT				0 22 211						1212	
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DAT FEB 2 0 1992

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BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 incurs after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tran be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: if Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	be executed with	ician and completi	raumatic event
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Items: 23 part I,27 per MEO G-685 3/6/92 reb STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 CERTIFICATE OF DEATH REG. NO. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATN 1992 13 VASHTI 02 DIANNE HOLMES 10:35 an 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. A. BIRTHPLACE (State or Foreign 196-42-3855 1 🗌 M 2 🔯 F 39 YRS 29 PA. 1952 Se. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH ANNE ARUNDEL GENERAL ANNAPOLIS ANNE ARUNDEL RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? ā MARYLAND ANNE ARUNDEL HARWOOD 1 YES 2 NO 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? FUNERA 864 HARWOOD ROAD 20776 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 27 NO 1 X Never Married 2 Married If yes, specify Cuban, Maxican, Puerto Rican, stc.) 1 TYES 2 NO Specify: BY Specify 3 Widowed 4 Divorced BLACK COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) DISABLED 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) MARVIN HOLMES BE BLAUNDINE TYLER 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Gode) 2 BLAUNDINE TYLER 864 HARWOOD RD. HARWOOD, MD. 20776 20e. METHOD OF DISPOSITION
1 (X Burlel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State 2-25-OWENS CEMETERY 1199 HARWOOD, MARYLAND 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY REESE & SONS MORTUARY, P.A. 821 WEST ST. ANNAPOLIS, MD. 21401 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between IMMEDIATE CAUSE (Finel Onset and Death disesse or condition . Hypertensive Atherosclerotic Cardiovascular Disease resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequantielly liet conditiona, DUE TO (OR AS A CONSEQUENCE OF): If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. MEDICAL 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? WAILABLE PRIOR COMPLETION OF CAUSE 1 NES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) OTHER: 1 X YES 2 NO 1 ☐ Inpetient 2 X ER/Outpetient 3 ☐ DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF INJURY 28c. INJURY AT WORK? 1 Natural BY 1 YES 2 NO 2 Accident 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 3 Suictde COMPLETED 6 Could not be 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner as stated. 296. SINATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) hethell 02/14/1992 O.C.M.E. 2 PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) WOWMIII PENN STREET BALTIMORE, MARYLAND 21201 32. REGISTRAR'S SIGNATURE

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	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / [CEI	DEPARTI	MENT O	F HEA	ALTH	AND	MEN	TAL HYGIE		92	06086
	1. DECEOENT'S NAME (First, Middle, Last) KATHER (NE	KATHERIN	E THE							TE OF DEATH	DAY	YEAR	TIME OF OEATH
		5. SEX 8. AGI	E (In yrs. lest b	oirthdey) I	F UNDER 1 YE	An I	CIMPER	24 HRS.	7.04	TE OF BIRTIN	-/ (992	- / / "
	579-36-3470	1 M 2 F 6			-		OURS	MIN.	(M	onth, Day, Year)	1020	Country)	ACE (State or Foreign
	9a. FACILITY NAME (If not institution, give stree	et and number)		9	b. CITY, TO	WN OR I	OCATI	ON OF D		10,		Massa NTY OF OEA	chusetts
OR	LElars ME	No o ral	HOS			erd							
5	RESIDENCE OF DECEDENT		1)	KIV	eru	ale				Prin	ce Ge	orge's
DIRECTOR	I SEE COOKITY		4	10c. CITY, 1	TOWN OR L	OCATION	1					10	Dd. INSIDE CITY
	Maryland Prince	George's		Hya	ttsvi							1	XYES 2 NO
RA	5405 39th Avenue					10f. Zi	P CODI		_				AT COUNTRY?
FUNERAL		2. WAS DECEDENT EVER	IN HE APPAR	70	40.1111.0			0781					States
	1 Never Married 2 📉 Married	FORCES? 1 YES	S 2 NO	EU	If yes	s, specif	y Cubs	n, Maxic	an, Puer	GIN? (Specify Y to Rican, etc.)	es or No—	14. RACE Black, V	- American Indian, Vhile, etc.
ВУ	3 Widowed 4 Divorced	IF TES, GIVE WHA ON	NO		10		10 _ NO	Speci	lfy:			Specify: Whi:	t o
COMPLETED	15. DECEOENT'S EDUCAT (Specify only highest grade cor	TON (moletard)	16a. DECE	DENT'S US	UAL OCCUP	PATION			1	16b. KIND OF B	USINESS/INC		Le
E	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do	kind of work o NOT use re	etired.)	g most o	workin	g					
MP	12th	0	Nurs	ing a	assis	tanı	Ė			Leland	Hosp	ital	
	17. FATNER'S NAME (First, Middle, Last)									t, Middle, Maide	n Surname)		
8E	James A. Norris									acLean		_	
2	Edward J. Ing									ımber, City or To			
								Нуа		ville,			
	30e, METHOD OF DISPOSITION ALC Burtel 2 □ Cremetton 3 □ Persons 4 □ Donatloy 1 □ Other (Specify)	from State	ob. PLACE ANI	DDATE OF D	place)	N (Name o	of Toma	0.2	0	-92 Ad	OCATION -	City or Town	State
	INSTRUMENTAL OF FUNERAL SERVICE LICEN	FE /	eorge	wasii	Tas NAM	DII (em	02	-08	-92 Ad	elphi	, Mary	land
	DI TO M	12 /	_		FRAJ	NCIS	G/	SCH	I'S	SONS F	UNERA	L HOME	E, P.A.
-	22 MARY I THE JET	Lyonas	un		4739	9 BA	LT.	. AV	E.,	HYATT	SVILLI	E. MD.	20781
	23. PART I. Entar the diamases, or com- spock, or heart failure. List	iplicationa that cause tonly one cause on	ad tha deati each lina.	h. Do not	entar the	moda	of dyl	ng, suc	ch as c	ardiac or rea	piratory arr	eat,	Approximata Interval Between
	IMMEDIATE CAUSE (Finel disease or condition	5 12	-04	101									Onset and Death
	resulting in death) a	SEPTI											
_		DUE TO (OR AS	A CONSEOU	ENCE OF);									
CERTIFICATION	Sequentially list conditione, if any, leading to immediate	DUE TO (OR AS	A CONSEQUE	ENCE OF);									
CAT	ceuse. Enter UNDERLYING CAUSE (Disease or injury												
E	that initiated events	DUE TO (OR AS	A CONSEQUE	ENCE OF):									
ER	resulting in death) LAST												
AL C	PART II. Other significent conditions of	ontributing to death	but not resi	ulting in t	he underl	vina ca	ure a	luen In	Dort I	24a. WAS A	I ALERONAV	T	
S	1. Congestive	Curlic	- 6	elus,		ymg cc	use y	voit iii	rait i.		RMED?	AW	RE AUTOPSY FINDINGS AILABLE PRIOR TO
回	an Acate new	of Fa.	LURE	2						1 TYES	2 NO		MPLETION DF CAUSE DEATN?
3	(1) PIC: 0 1	Jelotice	7.1	10	20 6		0	ule	A.			1[YES 2 NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL	7 Gagara	my	1	26	PLACE	OF DE	ATN /Ch	ock only	onel			
SIC		OSPITAL:	Instinct 3 🗆		THER:								
ξ	27. MANNER OF GEATH	28a. DATE OF INJURY		8b. TIME OF	F 28c.	INJURY	_	Idenca		her (Specify) ESCRIBE NOW	INJURY OCC	TIBED	
BY F	1 Nestural 5 Pending 2 Accident Investigation	(Month, Day, Year)		INJURY		WORK?	2 🗌	NO				JOHED	
	3 Suicida 8 Could not be	28s. PLACE OF INJURY building, stc. (Spe	Y — Al home,	larm, stree	it, factory, o	offica			28f. LC	CATION (Street	and Number	or Rural Route	Number,
1	4 Nomicide determined	ounding, see Jape	осну)						CI	ly or Town, State)		
2	29a. CERTIFIER 1 CERTIFYING PHYSICIAN	N: To the best of my know	wledge, dasth	occurred st	the time, o	late and	placa.	and dua	to the c	ause(a) and me	Oper se etete	of	
COMPLETED	one) 2 MEDICAL EXAMINER: O	in the beals of exemination	on and/or Inve	stigation, in	my opinio	n, death	occure	d at the	time, de	ta and place, a	nd dua to the	o cause(a) an	d menner as stated.
BEC	296. SIGNATURE AND TITLE OF CERTIFIER							ISE NUN					onth, Day, Year)
	17 Claure						D	22	910		•	The part	,
2	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETEO CAUSE OF DE	EATN (ITEM 2				, .	,			-		0
	ASIF S. Q.	ADK(,	470	0 Bs	ERH	71	1+	tow	SE	120	, Co	1/29	PIC
	31. DATE FILED (Month, 'Day, Year)	32. REGISTRAR'S SIGN	NATURE	and po	2			_				J	
	FEB 11 1992	110000	The state of the s	D.,									

BALTIMORE, MARYLAND 21215-0020	death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perm ental Hygiene prior to burial, cremation, or removal.
	24 hours	filled in tion, or n
68760,	recuted within	and completely burial, cremat
S, P.O. BOX 68760,	certificate be e	attending physician and completely filled in by the fu ental Hygiene prior to burial, cremation, or removal.
ď.	death (attence

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1. DECEDENT'S NAME (First, Middle, Last)		OLIVIII	OAIL O	FDEATH	REG. N			
3	Carrand	ra D In	krote			2. DATE OF DEATH	23 G	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGI	E (in yrs. last birthday)	IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Fore Country)	
	184-72-8892	1 M 2 K F	T YRS.	MONTHS DAYS	2000	Feb. 7,1	991	York, PA	
œ	9a. FACILITY NAME (Il not institution, give University of Ma	ryland Hosp	1-1	01	N OR LOCATION OF D	EATH	9c. COUNT	TY OF DEATH	
6	RESIDENCE OF DECEDENT	y and Mosp	s.rac	DAIT	more Ci	TY			
DIRECTOR	10a STATE 10b. COUNT	Y	1	TOWN OR LOC	CATION			10d. INSIDE CITY LIMITS?	
	100. STREET AND NUMBER	rk		ork	rk I'R'				
FUNERAL	49 State S	t York F	PA		17403		U U	SA	
BY	11. MARITAL STATUS 1. Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	S 2 NO	If yes,	ECENDENT OF HISPA specify Cuben, Mexico ES 2 NO Specif	en, Puerto Ricen, atc.)	Yes or No- 1	4. RACE — American India Black, White, etc. Specify:	
ETED	15. DECEDENT'S EDU (Specify only highest grade	JCATION completed)	16a. DECEDENT'S	USUAL OCCUPA	TION	16b. KIND OF	BUSINESS/INDU	STRY	
LEI	Elementary/Secondary (0-12)	College (1-4 or 5+)	Iffe. Do NOT us	TN F		None	,		
COMPL	17. FATHER'S NAME (First, Middle, Last)		None	1-1-4.					
	Charles	Inkrote	>		18. MOTHER'S NA	AME (First, Middle, Maid	on Surrame)		
38 C	19a. INFORMANT'S NAME (Type/Print)			ADORESS (Street	et and Number or Rural			Code)	
5	Sandra Ink	rote	49	State	- ST. 1	YOHL PA	71740		
	20e. METHOD OF DISPOSITION 1 Method 2 Cremation 3 Ren		Ob. PLACE AND DATE O		Name of	DATE 20c.	LOCATION — C	ity or Town, State	
	4 Donation 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI		tolySavia	our Cem	etery		Yorki	MA	
	D ((())	IV.M.C		Ker	AND ADDRESS OF FA	valHome	Inc.		
	23. PART I. Enter the diseases, or	v. Pero		902	MTROS	eAve Y	ork ti	A 17403	
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS	A CONSEQUENCE OF	7):				12 m	
	PART II. Other algolificent condition	ne contribution to death	but not resulting to	n the conductor					
EDICAL	Pulmona		1	DIC	my cause given in	PERF	AN AUTOPSY ORMED?	24b. WERE AUTOPSY FII AVAILABLE PRIOR 1 COMPLETION OF C	
		10000	1			1 5 CYES	2 NO	OF DEATH?	
N. M								1 🗆 YES 2	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. OTHER:	PLACE OF DEATH (Ch	eck only one)			
IYS	1 YES 2 NO	1 Inpetient 2 ER/Ou		4 - Nursing He	ome 5 🗆 Residence				
	1 Natural 5 Pending	(Month, Day, Year)		URY	NJURY AT WORK? YES 2 NO	28d. DESCRIBE HO	W INJURY OCCU	RED	
D BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJUR	RY — At home, ferm, at			28f. LOCATION (Sire	et and Number o	Rural Route Number,	
W	4 Homicide determined	building, etc. (Sp	өөслү)			City or Town, Ste	nte)		
COMPLET	29e. CERTIFIER (Check only	ICIAN: To the best of my kno	wiedge, death occurre	d at the time, de	ite end place, end due	to the cause(s) and r	nanner sa stated		
5		ER: On the basis of examinati							
Ö		R			29c. LICENSE NUI	MBER	29d. DATE	SIGNEO (Month, Day, Year)	
BE CO	296. SIGNATURE AND TITLE OF CERTIFIE	/			150	1110	N 2	1	
	W.Cz	10 COMPLETED CAUSE OF O	EATH (ITEM 27) (Tona	Print)	036	140	> 2	123/92	
BE	296. SIGNATURE AND TITLE OF CERTIFIE 30. NAME AND ADDRESS OF PERSON WITH COMMENT AND ADDRESS OF PERSON WITH ADDRESS OF PERSON W	HO COMPLETED CAUSE OF O			D36	140 Mars MI	2121	123/92	
BE	30, NAME AND AGORESS OF PERSON WH	0	225.G	erine)	D36 F. Balt	Thore, MD	2121	123/92	

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DHMH-16 Rev 1/89

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	11 2	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	=
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	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM	ENT OF H	EALTH AND DEATH	MENT	AL HYGIEI REG. NO	NE	2 00088		
	1. DECEOENT'S NAME (First, Middle, Apart)	B. JAC	cohm	t Burn Jaco	ell bson	2. DAT	E OF DEATH	4 9	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 577-20-3946 Bea FACILITY NAME (If not institution, give at	1 M 2 D F	70 YRS. MONT		IF UNDER 24 HRS. HOURS MIN.	OMO	E OF BIRTH hth, Day, Year)	-21 F	BIRTHPLACE (State or Foreign Country) Ort Riley, Kan:		
DIRECTOR	LECANO MEM		गेमला "	96. CITY, TOWN OR LOCATION OF DEATH Riverdale					9c. COUNTY OF DEATH Prince George's		
	Maryland Princ		10c. CITY, TOWN OR LOCATION Hyattsville					10d. INSIDE CITY Y LIMITS? 1 YES 2 NO			
FUNERAL	3312 Lancer Drive		101.	ZIP CODE 207	U.S.A.						
ВУ	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	U.S. ARMED 2 NO IES	13. WAS DECI If yes, spe 1 YES	e or No— 14	14. RACE — American Indian, Black, White, atc. Specify: White						
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 8th Grade	16a. DECEDENT'S USUA (Give kind of work d iffe. Do NOT use retin	one during mos ed.)	t of working	BUSINESS/INDUSTRY						
NO.	17. FATHER'S NAME (First, Middle, Last)	Capillet	- Make	I. MOTHER'S N	AME (First,		iture Maker				
BE (George Burnell Jac	cobson			Paula	Mart	ha Eis	singer			
ဥ	190. INFORMANT'S NAME (Type/Print) Andrew Jacobson (S	in)	19b. MAILING ADDR		d Number or Rum	l Route Nun	nber, City or Tov	vn, State, Zip Co	,		
	204 METHOD OF DISPOSITION	200	3312 Lar						and 20782		
	1 A Sturiet 2 Cremetion 3 Remo	wal from State Ma	tery, crematory or other pla ry Land Sta	te Ve	terans				tsville, Md.		
	ABNIMATURE OF CUMERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Francis Gasch's Sons Funeral Home, P.A. 4739 Baltimore Ave. Hyattsville, Md. 20781										
	23. PART i. Enjer the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart failure. List only one ceuse on each line. Approximate interval Batween Onset and Death Out to (OR AS A CONSEQUENCE OF):										
RITECATION	Sequentially liet conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in deeth) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
AL CE	PART II. Other significant conditions	contributing to death but	t not resulting in the	underlying	course given in	Dart I	24e. WAS AN	ALTERNATIV	Daniel Company of the		
MEDIC				Pf				MED?	24b. WERE AUTOPSY FINDINGS ARALABLE PROOF TO COMPLETION OF CAUSE OF GRATH? 1 YES 2 MO		
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMPLE?	HOSPITAL:	ОТН		CE OF DEATH (C)	Neck anly or	nici				
2	1 2 YES 2 NO	1 in Impetient 2 - ER/Outpet	fent 3 DOA 4 DI	hursing Home		nce 8 C Other (Specify)					
- 1	1 Natural 5 Pending 2 Accident Investigation	Natural 5 Pending (Month, Day, Year) INJURY WORK?							CURED		
ובח פ	3 Suicide Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Revr. State) 28f. LOCATION (Street and Number or Humil Route Number, City or Revr. State)										
OMPLE	29s. CERTIFIER (Check only 1 Certified PHTBICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL SCAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.										
0 96 0	291 SIGNATURE AND TITLE OF CERTIFIER		V3 22 6				GNED (Month, Day, Year)				
	30, NAME AND ADDRESS OF PERSON WHO	clown my	4500 F	ALLAN	polis i	ny	LA	han	CM,		
	31. DATE FILED (Month, Day, Year) FFR 1 8 1992	32. REGISTRAR'S SIGNAT	URE								

MERIDA DEVENOUS COLLEGE

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	WPORTANT: if Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
or removal.	medical exa	
, cremation,	event, the	
nor to bunal	traumatic (The second secon
Hygiene p	or other	
and Menta	ny Injury,	
. or Health	shows at	
Dept	n 23	Į
ne Stati	or iter	l
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							9	2 06089				
	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	RTMENT OF	HEALTH AND F DEATH		YGIENE EG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)	DEATH DAY	3. TIME OF DEATH									
	LINGA 4. SOCIAL SECURITY NUMBER	Jarva 5. SEX GAGE	(In yrs. last birthday)			7. DATE OF E	2- 92	0100				
	378-18-1026	G. AGE (III)			YRS. IST DIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. WONTHS DAYS HOURS MIN.			BIRTHPLACE (State or Foreign Country) Michigan				
M	Se. FACILITY NAME (If not institution, give st	reet and number)	0	9b. CITY, TOW	OR LOCATION OF		9-09	TTY OF DEATH				
É	Anne Arundel Medi	cal Center		Anna	polis			ne Arundel				
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	10.00	Y. TOWN OR LOC									
DIR					AITON		10d. INSIDE CITY LIMITS?					
	Maryland Prince Georges Bowie 100. STREET AND NUMBER 100. STREET AND NUMBER 100. CITIZEN OF WHAT COUNTRY?											
FUNERAL	12319 Stonehaven	Lane			207	15		United States				
S	11. MARITAL STATUS	12. WAS DECEDENT EVER II	N U.S. ARMED	13. WAS D	ECENDENT OF HISP	ANIC ORIGIN? (S	pecify Yee or No-	14. RACE — American Indian.				
BY	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES NO	1 T Yes,	specify Cuben, Mexic ES 2 NO Spec	offy:	, etc.)	Black, White, etc. Specify:				
	15. DECEDENT'S EDUC	ATION	18e. DECEDENT'S	IISHAL OCCUBA	TION	No	D OF BUSINESS/IND	White				
ET.	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of a life. Do NOT us	work done during is retired.)	nost of working	100. KIN	D OF BUSINESS/IND	USTRY				
COMPLETED	12		Lega	1 Secre	tary	ט	navailab:	Le				
	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	IAME (First, Middle	, Maiden Surname)					
BE	Unavailable 190. INFORMANT'S NAME (Type/Print)					ailable						
2	Carolyn J. Chapman	n					ity or Town, State, Zip	Code)				
	20e. METHOD OF DISPOSITION 20b BLASS AND AND AND AND AND AND AND AND AND AND											
	1 Burlet 2 N Cremetion 3 Removal from State 4 Donation 5 Other (Specify) Metropolitan Crematory Alexandria Virgin											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Beall-Evans Funeral Home, P.A.											
	16000 Annapolis Rd. Bowie Maryland											
	23. PART I. Enter the disasses, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximate											
	IMMEDIATE CAUSE (Finel Onset and Death											
	disease or condition resulting in death)	Kerp	nalon	ar	rest							
	DUE TO (ON AS A CONSEQUENCE OF):											
ě	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEQUENCE OF):										
CA	Cause. Enter UNDERLYING CAUSE (Disease or injury	ATN	estic	ļ								
F	that initieted events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	F):	0							
CERTIFICATION												
	PART ii. Other significant conditions			n the underlyi	ng ceuse given is	n Part i, 24e.	WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS				
50	PERFORMED? AMILABLE PRIC COMPLETION O OF DEATH?											
ME	- diga	entra						1 TES 2 NO				
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL											
Sici	EXAMINER? HOSPITAL: OTHER:											
Ä	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIM	E OF 28c. II	me 5 Residence	_		OW INJURY OCCURED				
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJ		WORK?			one o				
	3 Suicide S Could not be	— At home, term, a	treet, tectory, off	Ice	281. LOCATION (Street end Number or Rural Route Number, City or Town, State)							
FT.	4 Homicide determined											
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYStCIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as atsted. 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee stated.											
8		On the beels of examination	end/or Investigation	n, in my opinion,			place, and due to the	ceuse(e) end menner ee stated.				
H	296. SIGNATURE AND TITLE OF CENTIFIER	110 N			29c. LICENSE NU		29d. DATE	SIGNED (Month, Day, Year)				
2	Lauro Horesseyn D D25/34. ►1/23/92											



PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Man, 3 VI WHEET

32. RIGHTHARD SIGNATURE PANDELL

CROFFON

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(The same of	permit. Pare t
BALTIMORE, MARYLAND 21215-0020	fter death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burial-transit permit oval.
BALTIMORE,	fter death. Page 6 may be	the funeral director, page oval.

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or a TO THE RUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 security be detached for us be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	REGISTRAN			-11111	ICAIL	UF	DEAL		REG. NO)		
	MONTH DAY YEAR									3. TIME OF DEATH		
	LAWRENCE Haywor	birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.			24 MDG 3				6 57 P M PLACE (State or Foreign		
	228-36-1843	1 🖾 M 2 🗆 F	58	MONTHS DAYS MOURS MAN (Month, De)			(Month, Day, Year) May 12,1	Country)				
~	Se. FACILITY NAME (If not institution, give street and number)				9b. CITY, TOWN OR LOCATION OF DEATH					9c. COL	JNTY OF DE	EATH
DIRECTOR	PRINCE GEORGE'S HOSPITAL CHNTER				CHEVERLY					PRI	NCE G	GEORGE S
E					Y, TOWN O						1	10d. INSIDE CITY LIMITS?
	Maryland Prince Georges							ights				TOCYES 2 NO
FUNERAL	514 Nova Avenue					101	ZIP CODE	: 743		1		States
S	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED				13. 1	MAS DEC			ORIGIN? (Specify Ye		1	- American Indien,
ВУ	1 Never Merried 2 M Merried FORCES? MXYES 2 N IF YES, GIVE WAR OR DATES May 1953 / May 1				If yes, specify Cuben, Mexican, Puerto Rican, atc.) 1 ☐ YES 2 NO Specify:					Black, White, etc. Specify: Black		
8	15. DECEDENT'S EDUC (Specify only highest grade		180. DEC	CEDENT'S	DENT'S USUAL OCCUPATION kind of work done during most of working					ISINESS/IN	DUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	+) #/e.	Do NOT us	se retired.)			•				
MC	12th grade Mac				e Ope	erat	_	AED'S NAME	U. S.		Offic	ce
BE C	George		Jone	s	18. MOTHER'S NAME (First, Middle, Meide Martha A.					Lewis		
TO B	19a. INFORMANT'S NAME (Type/Print)			MAILING	ADDRESS	(Street a	nd Number	or Rural Rou	rte Number, City or Tox	vn, State, Zi	ip Code)	
F	Mary Emma Taylor	Jones (wife) 5	14 N	ova 1	lven	ue, (Capit	ol Heigh	ts, M	iaryla	and 20743
	20e. METHOD OF DISPOSITION 1 X Buriel 2 Cremetion 3 Remo	oval from State	20b. PLACE A	NO DATE	of DISPOS (her place)	ITION (Na	me of		DATE 20c. LO	CATION -	- City or Tov	wn, State
1 KBurlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE DICENSEE National Harmony Memorial Park Lando												
	Latney's Funeral Home 3831 Georgia Avenue, N.W.; Wash.D.C. 2001											
	23. PART I. Enter the diseases, or c shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	List Only one cau	S-CP	ti ce	mi	n						Approximats interval Bstween Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 24a. WAS AN AUTOPSY 24b. WERE A									WERE AUTOPSY FINDINGS		
EDICAL	Acotetes pellitus									4 T MER 4 T 410		AVAILABLE PRIOR TO COMPLETION OF CAUSE
Σ	N 2 a c f								OF DEATH? 1 YES 2 NO			
AN	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF D	EATH (Check	only one)			
Sic	EXAMINER?	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER	l:						
Y PHYSICIAN:	27. MANNER OF DEATH 1 X Netural 5 Pending						Home 5			INJURY OC	LURY OCCURED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide datermined	ne, farm, s	farm, street, tectory, office 28I. L				tsi. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner es stated.											
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	2					29c. LICE	NSE NUMBE	ER .	29d. DAT	TE SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED COM	DE DE BEATH ATT	l on a	Onlead		D.	5 75	7 0	2	-151	92
	4850 For6		SE OF DEATH (ITEM	and	Print)		1	2	2050			
	FEB 12 1992	32. RESISTRA	R'A SIGNATURE 7	fandes	200							



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3. TIME OF OEATH

		REGISTRAR			CE	RTIF	CATE	OF	DEATH	
		1. DECEDENT'S NAME (First, Middle, Last)		l.	Chan	.1	Τ			2. DATE OF MONTH L'ebr
			Freder							rebr
		4. SOCIAL SECURITY NUMBER	5. SEX		In yrs. lasi		IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS.	7. DATE OF (Month, D
핕		552-22-5847	1 XXM 2 □ F	74		YRS.			100,00	May 2
3 should	-	9e. FACILITY NAME (If not institution, give							R LOCATION OF	DEATH
~	Ö	4504 Simmons Lan	e				Tem	p1e	Hills	
5-0020 anding physician. as the burlai-transit permit. Pages 1.	DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	ry			10e. CIT	, TOWN C	B LOCAT	ION	
Pag	H	Maryland Pri	nce Georg	1010					lills	
rmit		100. STREET AND NUMBER	nce dedig	, C S	-		remp		ZIP CODE	
8 .	NA I	4504 Simmons Lan	0					100	2074	.0
cian. -tram	FUNERAL	11. MARITAL STATUS	12 WAS DECEDEN	T EVER II	US AR	MED	113	WAS DEC	ENDENT OF HISP	
020 physi buria		1 Never Married 2 Norried	FORCES? 1	YES	2 N			f yes, spe	ecify Cuban, Mexi	cen, Puerto Rici
0-9	B	3 Widowed 4 Divorced	W.W.	II	AIES			I 📋 YES	2 NO Spec	ery:
21215-0020 I or attending physician. Thr use as the buria-trar	유	15. DECEDENT'S EDI (Specify only highest grad			18e. DE	CEDENT'S	USUAL O	CUPATIO)N	16b. Ki
0 0 0	Ψ,	Elementary/Secondary (0-12)	College (1-4 or 5		life.	Do NOT us	e retired.)	aunng mo	st of working	
	鱼		3 yrs.		Mar	nager	of	Proj	jects	P
623 8	COMPLETED	17. FATHER'S NAME (First, Middle, Last)							18. MOTHER'S N	AME (First, Mide
Sub 4 B	111	Francis	C. Jarvis	3					E1	da Suc
MARYLAN 5 and 6 h	TO BI	19e. INFORMANT'S NAME (Type/Print)			198	. MAILING	ADDRESS	(Street a	nd Number or Flure	l Route Number,
N 90 0	=	Dolores A. Jarv	is			4504	Sim	mons	Lane	Temple
ORE 6 may t ctor, pag		20a. METHOD OF DISPOSITION 1 □ Burlel 2 ☑ Cremation 3 □ Ren	nound from State	20b	PLACEA	NDDATE	F DISPOS	ITION (Na	me of	DATE
A 6 6 mm		4 Donation 5 Other (Specify)	novar from State	4 cem	Metr Metr	opo1	itan	Cre	matory	2-21-9:
TIMO I. Page rral direc	1	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	1					D ADDRESS OF	
BALTIMORE, nours after death. Page 6 may be di in by the funeral director, page or removal. medical examiner must be		* Ale 8. Ka	low . h						P. Kal Oxon Hil	
C T S		23. PARTY Enter the diseases, or	complications the	t ceused	the de	eth. Do n	ot enter	the mo	de of dving, au	Ch as cerdie
DRDS, P.O. BOX 68760, By that the death carificate be executed within 24 hours after ed by the attending physician and completely filled in by the n and Mental Hyglene prior to burial, cremation, or removel, any Injury, or other traumatic event, the medical e		ahock, or heart fellure.	List only one ceu	se on e	ech line					
y filled ation, or the m		IMMEDIATE CAUSE (Finel disesse or condition	MAL	1G1	V/41	UT	MA	-50	THELI	D14-A
becuted within 2 and completely 5 burial, crematic event, th		resulting in death)	DUE TO			UENCE OF	_		111-7	0(7/)
876 com	_	_	MAL	1611	VAN	17	ple	EUK	AL	FAFI
execution and to burn to burn	ē	Sequentially list conditions, If any, leading to immediate	OUE TO	(OR AS A	CONSEC	UENCE OF):			-//
Sicial prior trau	8	cause. Enter UNDERLYING	. RES	DIR	470	RY	FI.	412	URE	
D. E	Ē	CAUSE (Disease or Injury that initiated events	DUE TO	(OR AS A	CONSEC	UENCE OF		1		
P. C. hadin	CERTIFICATION	resulting in desth) LAST	d.							
ITAL RECORDS, P.O. BOX 68760, N: The law requires that the death certificate be executed within 24 ficate has been signed by the attending physician and completely fill State begit. of Health and Mental hyghere prior to burial, cremation, Item 23 shows any Injury, or other traumatic event, the	Ö	PART II. Other significent condition		-d			- **			
RD at the and the trip the trip the trip trip trip trip trip trip trip trip	DICAL	ANFMIA	is contributing to	deeth D	ut not n	suiting i	n the un	deriying	j cause given i	n Part I. 24
CO res th	ă	71/12/11/1								1
L REC law requir as been si Dept. of He 23 show	ME									
NL law law boopt.	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	т							
F VITAL SICIAN: The law certificate has the State Dep	ō	EXAMINER?	HOSPITAL:				OTHER	3.	ACE OF DEATH (C	
CIAN the Surface of	ΙλS	1 YES 2 YNO 27. MANNER OF OEATH	1 Inpatient 2		atient 3				• 5XXResidence	
NO OF PHYS there this ceath with marked,		1 Natural 5 Pending	28e. OATE OF (Month, D			28b. TIMI	URY		RK?	28d. DEŞCR
ON OF DING PHYS After this of death with	BY	2 Accident Investigation					M		ES 2 NO	
TISIC UTTEND CTOR: A after d after d	8	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE O building,	atc. (Spec	- At hor	ne, 1arm, s	treet, fact	ory, office		28f. LOCATI
	E									
4 4 2 E	1PL	29e. CERTIFIER (Check only 1) CERTIFYING PHYS	BICIAN: To the best of	my knowl	ledge, der	nth occurre	d at the t	me, date	end plece, and du	e to the ceuse
THE HOSPITAL THE FUNERAL filed within 72 PORTANT: II	COMPLETE	one) 2 MEDICAL EXAMIN	ER: On the basis of s	xemination	n end/or l	rwestigatio	n, in my o	pinion, de	eath occured at th	e time, date en
HE HE HE MAN	BE C	290 SIGNATURE AND TITLE OF CENTRES	11						29c. LICENSE N	JMBER
TO THE HOSPIT TO THE FUNER OF filed within 7		120	100	0	-	-			D-20	782
(-1)	2	30. NAME AND ADDRESS OF PERSON WI								
(24)		Dal Yoo, M.D. 1	160 Varnu	m St	. N.	E. W	ashi	ngto	on, D.C.	20017

Lulia Davidson-Randose

2. DATE OF OEATH
HONTH
February 19,1992 6:15A 7. DATE OF BIRTH (Month, Day, Year) May 24, 1917 IF UNDER 24 HRS. B. BIRTHPLACE (State or Foreign Country) IOURS MIN. Minnesota LOCATION OF DEATH 9c. COUNTY OF DEATH Prince George's lills 10d. INSIDE CITY LIMITS? 11s 1 TES 2 NO IP CODE 10g. CITIZEN OF WHAT COUNTRY? 20748 USA DENT OF HISPANIC ORIGIN? (Specify Yee or No-try Cuban, Mexican, Puerto Rican, atc.)

NO Specify: 14. RACE — American Indien, Black, White, atc. Specify: White 16b. KIND OF BUSINESS/INDUSTRY of working **PEPCO** ects 18. MOTHER'S NAME (First, Middle, Meiden Sumame) Elda Suckow Number or Rural Route Number, City or Town, State, Zip Code) Temple Hills, Md. 20748 20c. LOCATION - City or Town, State DATE atory 2-21-92 Alexandria, Virginia ADDRESS OF FACILITY P. Kalas Funeral Home con Hill Rd. Oxon Hill, Md. of dylng, auch as cerdlec or respiretory arrest, 20745 Approximate Interval Between THELIONA OF 10 CHEST AL EFFUSION ERE 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? cause given in Part I. 1 X YES 2 NO 1 TES 2 NO E OF DEATH (Check only one) 5X XResidence 6 - Other (Specify) Y AT 28d. DESCRIBE HOW INJURY OCCURED 8 2 NO 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) d place, and due to the cause(s) and manner se stated. th occured at the time, date end piece, end due to the ceuse(s) end menner es stated. 9c. LICENSE NUMBER 29d. CATE SIGNED (Month, Day, Ybar)
February 19,1992 D-20782

Sec. 2 1602 July Sura Marie

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

strel or musling physician.	and nor use the burial-transit permit, Pages 1, 2, 3 sho)	
TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by this concern on the physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be death	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

92 06092 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH February 14, 1992 McHenry Johnson 8:30 P. 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH 6. AGE (in vrs. last birthday) B. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 1922 Country MONTHS DAYS 259-09-9155 70 XXM 2 F YRS January 12 Georgia 9c. COUNTY OF DEATH 9e. FACILITY NAME (if not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 7903 Dellwood Avenue Prince George's Glenarden RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY Maryland Prince George's Glenarden 1 X YES 2 | NO 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE U.S.A. 7903 Dellwood Avenue 20706 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indien, Black, White, etc. FORCES? 1XXYES 2 IF YES, GIVE WAR OR DATES If yes, specify Cuben, Mexican, Puerto Rid 1 YES 2 X NO Specify: 2 NO 1 Never Merried 2 Married Specify: BY 3 Widowed 4 Divorced Black COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 12th grade Mail Carrier Federal Government 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)
Estelle Barnett Ed Johnson 19e. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number of Rural Route Number, City or Town, State, Zip Code)
7903 Dellwood Ave. Glenarden, Md. 20706 2 Mrs. Eleanor J. Johnson (Wife) 20c. LOCATION --- City or Town, State 20s. METHOD OF DISPOSITION

1 Suriel 2 Semantion 3 Removal from State

4 Department Contact (Specify) 20b. PLACE OF DISPOSITION (Name of cometery, crematory or Maryland Veterans' Cemetery Cheltenham, Maryland 22 ROLLINS FUNERAL HOME, INC. 4339 HUNT PLACE, N.E. WASH. D.C. 20019 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximats shock, or heart fellure. List only one cause on each line Interval Between Onset and Death IMMEDIATE CAUSE (Finel disease or condition resulting in death) OUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in deeth) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 X NO OF DEATH? 1 TYES 2 TX NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL OTHER: 1 TES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 - Nursing Home 6 N Residence 6 - Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 27. MANNER OF DEATH 28d. OESCRIBE HOW INJURY OCCURED 5 Pending Investigation 1 X Natural 1 YES 2 NO BY 2 Accident
3 Suicide 28e. PLACE OF INJURY --- At home, ferm, atreet, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, Clau or Tourn, State) 8 Could not be COMPLETED 4 Homicide CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as attend. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and menner se stated. BE 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

EGISTRAR'S SIGNATURE GUNA DANGELL



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Newfours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE UF M			ATE OF	DEATH		REG. NO.	92.	-06093
	1. DECEDENT'S NAME (First, Middle, Last)			11			2. DATE OF	DEATH DAY	XEA	3. TIME OF DEATH
	Dusan			JOY	165		02	10		7-
	4. SOCIÁL SECURITY RUMBER	5. SEX	6. AGE (In yrs. les		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, D	lay, Year)	Co	RTHPLACE (State or Foreign untry)
	213-22-8834 9e. FACILITY NAME (If not institution, give s	_ ^	73	1000	CITY TOWN	OR LOCATION OF DE		3/18	COUNTY O	estover, Md
Œ			Hogni						Wicon	
DIRECTOR	Pennisula		nospi				шута	iiu	MICON	
HE	10a. STATE 10b. COUNT			111	OWN OR LOCA					10d. INSIDE CITY
L	Md.	Somers	et	Pri		Anne		10	a CITIZEN O	1 YES 2 NO
RA	Rt 2 Box 463				"	2185	3		US	
BY FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT			13. WAS DEC	ENDENT OF HISPAN	IC ORIGIN?	Specify Yes or	No- 14, R	ACE — American Indian,
ΥF	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W		10	If yes, sp	ecity Ruben, Mexicer 2 1 NO Specify	n, Puerto Rico /:	en, atc.)	100	pecify: Black
	15. DECEDENT'S EDU	OATION .	44- 05	000000000000000000000000000000000000000	LAL COSUMATI	<u> </u>	Tank W	NE OF BUOMS		
COMPLETED	(Specify only highest grade	completed)	(G	ive kind of worl Do NOT use n	UAL OCCUPATI done during metired.)	ost of working	160. KI	IND OF BUSINE	SS/INDUSTR	1
F	Elementary/Secondary (U-12)	College (1-4 or 5+	'	Work	er			Camph	e11 S	Soup Co.
Ö	17. FATHER'S NAME (First, Middle, Last)			WOLI		18. MOTHER'S NAI	ME (First, Mid	dle, Maiden Sun	neme)	
BE	Benjaman Fonta	ine						rnell		
5	19e. INFORMANT'S NAME (Type/Print)				and the second	and Number or Rural F				
	Gorgie Baker					63 Prin	icess	7		21853
	1 Buriel 2 Cremation 3 Rem	oval from State	other pl	ace)		h Cemet	arv			Anne, Maryl
	21-SIGNATURE OF PYNERAL SERVICE LL	CENSEE ()	inc.	nope		ND ADDRESS OF FAC	_	ILLIII	cess	Aille, Hary
	De mall	1	men	21	400	N14.		.00	4/1	2m(1)
	zj. PARI I. Enter the diseases, or	complications that	caused the de	ath. Do not	enter the me	ode of dying, such	h as cardia	c or respiret	ory arrest,	Approximete
	shock, or heart failure. IMMEDIATE CAUSE (Fine)						_	1		Interval Between Onset and Death
	disease or condition resulting in death)	mete	Tate	C	and	~	/)	west		4 mos
	resulting in death)	DUE TO	(OR AS A CONSE					-		
Z	Sequentially list conditions,	b								
ATIC	If any, leading to immediate cause. Enter UNDERLYING	DUE 10	(OR AS A CONSE	QUENCE OF):						
CERTIFICATION	CAUSE (Disease or injury that initiated events	C. OUE TO	(OR AS A CONSE	QUENCE OF):					<u>.</u>	
ERT	resulting in death) LAST	d								
	PART II. Other significant condition	ns contributing to	death but not	resulting in	the underlyin	g cause given in	Part I. 2	4a. WAS AN AU		24b. WERE AUTOPSY FINDINGS
OICAL								PERFORME		AMAILABLE PRIOR TO COMPLETION DF CAUSE
MED										OF DEATH? 1 TYES 2 NO
PHYSICIAN:	25, WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			28. F	LACE OF DEATH (Ch	eck only one)			
YSI	1 TYES 2 17/40	1 Inpatient 2		DOA 4	Nursing Ho	ne 5 🗆 Residence	_			
	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF (Month, D		286. TIME (Y W	JURY AT ORK? YES 2 NO	28d. DEŞCI	RIBE HOW INJU	JRY OCCURE	0
BY	2 Accident Investigation	28e, PLACE O	F INJURY — At h	ome, farm, stre			28f. LOCAT	ION (Street and	Number or Ru	iral Route Number,
E	4 Homicide 8 Could not be determined		etc. (Specify)				City or	Town, Stete)		
COMPLETE	29e. CERTIFIER 1 CERTIFYING PHYS	SICIAN; To the best of	my knowledge, de	eath occurred	at the time, dat	e end place, and due	to the cause	e(s) and menne	r es stated.	
)MP	[Check only									ise(e) and manner ee stated.
EC	29b. SIGNATURE AND TITLE OF CERTIFIE	R				29c. LICENSE NUI	MBER	2	9d. DATE SIG	NED (Month, Day, Year)
<u> </u>	C flo	gme	M	2		D252	219		12-	20-92
임	30. NAME AND ADDRESS OF PERSON W	O COMPLETED CAUS	SE OF OBATH (ITE	M 27) (Type, P	rint) ~	7	1).		22	0
	Mit June	200-	4	Ley	M.	TO	TU	urce	とと	unne
1	31. DATE FILED (Month, Day, Year)		R'S SIGNATURE	ml. 00						
<u>_</u>	LEB 6 1 1336	your v	metasay-Ne	- Indoo						DHMH-18 Rev 1/89

X X BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPURIANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FEB 1

onth, 192 192

	FOR 1 STATE	STATE OF M	ARYLAND	/ DEPART	TMEN	IT OF I	HEALTH	AND	MENT	AL HYGIFI	NF	92	06091
	REGISTRAR		C	ERTIFI	CAT	E OF	DEA	TH		REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)		-		_				2. DAT	E OF DEATH	DAY	YEAR	. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	Margaret		lith		este	_				13,	1992	9:30 A
			6. AGE (In yrs. la		IF UNDE	DAYS	HOURS	MIN.	7. DAT (Moi	E OF BIRTH		8. BIRTHPI Country)	ACE (State or Foreign
	219-74-4968 90. FACILITY NAME (If not institution, give	1 M 2 XF	88	YRS.						1-04-			sburg, MD
C							OR LOCAT		EATH		9c. COU	NTY OF DEA	тн
DIRECTOR	Kent & Queen An	ne's Hosp	ital, l	nc		Ches	tert	own			2	Kent	
Ä	10a. STATE 10b. COUNT	Υ		10c. CITY,	, TOWN	OR LOCA	TION					1	0d. INSIDE CITY
1	Maryland Que	een Anne	S	S	ud	lers	svil	le				١,	LIMITS?
FUNERAL	10e. STREET AND NUMBER				1	10	. ZIP COD	E			10g, CIT	IZEN OF WH	AT COUNTRY?
jų.	P. O. BOX 80						21	668				J.S.A	A .
1 5	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT FORCES? 1 [EVER IN U.S. A	RMED	13.	. WAS DEC	CENDENT (OF NISPAN	VIC ORIG	IN? (Specify Yes			- American Indian, White, etc.
B	3 Widowed 4 Divorced	IF YES, GIVE WA	R OR OATES				2 X NO			rinoun; ato.;		Specify	
	15. DECEDENT'S EDU		18a. O	ECEDENT'S L	ISHAL C	OCCUBATI	ON .		14	b. KIND OF BU	100000000000000000000000000000000000000		white
Ē	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)		Give kind of wo b. Do NOT use	ork done retired.)	during mo	ost of working	ng	100	o. KIND OF BU	JOINE 95/INL	USTHY	
AP.	7			Hou	ser	wife	2						
COMPLETED	17. FATHER'S NAME (First, Middle, Last)							NER'S NA	ME (First,	Middle, Melde	Surname)		
BE (William J.	Embert						Sara	ah E	Elizal	beth	Eato	n
10	19a. INFORMANT'S NAME (Type/Print)		.19	Db. MAILINO	ADDRES	S (Street				nber, City or Tox			
-	Harper Lee Je	ester		P.O.	BO	0x 8	0,	Sudl	ers	ville	e. MI	21	668
	20e. METHOD OF DISPOSITION 1 H Burlel 2 Cremetion 3 Rem	oval from Stata	20b. PLACE	AND DATE OF	FDISPO	SITION /NO				TE 20c. L			
	4 Donetton 5 Other (Specify)		Chest	terfie	eld	Ceme			2/1	7 Ce	ntrev	ille.	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE			22	NAME AL	Sham	SS OF FA	CILITY				
	Chymas K.	Helder	heen	,	I T	'Om	Helf	enh	ein	Fune	ral	Homo	MD 2161
	23. PART i. Enter the diseeses, or shock, or heart failure.	complications that	ceused the de	eeth. Do no	ot ente	r the mo	de of dy	ing, auci	h aa ce	rdiac or resp	iretory arr	reat,	Approximate
1 1	iMMEDIATE CAUSE (Final	List only one caus	e on each line	e.									interval Between Onset and Death
	disease or condition resulting in death)	. G	OR AS A CONSE	nou	uc	R	- 1	000	ine	eeu			5400
П		DUE TO (OR AS A CONSE	OUENCE OF)						0000			100
Z	Sequentially list conditions,	b											
RTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	OUE TO (C	OR AS A CONSE	QUENCE OF)	:								
임	CAUSE (Disease or injury	C. DUE TO (C	OR AS A CONSE	OUTNOT OF									
E	that initiated eventa resulting in deeth) LAST		AS A CONSE	OUENCE OF)	:								
B		d											
AL.	PART ii. Other significent condition	e contributing to d	eath but not	reauiting in	the u	nderlyin	g ceuse g	given in	Part I.	24a. WAS AN			ERE AUTOPSY FINDINGS
EDICAL									_	1 TYES		C	AILABLE PRIOR TO DMPLETION OF CAUSE F DEATN?
ME													YES 2 NO
ä													
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		ACE OF O	EATH (Che	ock only o	ne)			
IYS	1 YES 2 NO	1 Inpatient 2		DOA 4	l 🗆 Nu		• 5 □ Re	sidence	8 🗆 Oth	er (Specify)			
	1 Natural 5 Pending	28e. OATE OF IN (Month, Day)		28b. TIME INJUI	OF RY		RK?		28d. DE	SCRIBE NOW	INJURY OCC	URED	
BY	2 Accident Investigation	28a PLACE OF	IN HIRV As be		М		/ES 2	NO					
E	3 Suicide 8 Could not be determined	28e. PLACE OF building, et	ic. (Specify)	ome, term, str	reet, fac	tory, offic	•		281. LO	CATION (Street or Town, Stete	and Number	or Aural Aout	e Number,
Ē	29e. CERTIFIER												
COMPL	(Check only CERTIFYING PHYSI	CIAN: To the best of m											
8	2 MEDICAL EXAMINE		menamon and/or	investigation,	in my	opinion, d	eath occur	ed at the	time, det	e end place, er	nd due to th	e cause(s) e	nd menner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIED	un an	1				29c. LICE	NSE NUM	BER		29d. DATE	SIGNED	onth, Day, Year)
2	3/13/0-												

WNO COMPLETED CAUSE OF OEATN (ITEM 27) (Type, Print)

29d. DATE SIGNED (Month, Day, Year)

2/131 52 C. Gottfried Baumann Chestertown, MD 216

32. REGISTRAR'S SIGNATURE Fishia Davidson-Randalle

OHMH-18 Rev 1/89

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	ITAL	PA 52	# 1
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	T	田田	H
	0 THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or	O THE FUNEMAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for a filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT. If item 28 is marked or item 23 shows any injury or other traumatic awant the marked arounds as according as according

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 - STATE REGISTRAR	STATE OF N	IARYLAND / Ce	DEPAR	ICATI	OF HE OF	DEAT	AND M	ENTAL HYGIEN REG. NO.	E 9:	2-6	06095
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH			3. TIME OF DEATH
	BEATRICE TRAI	DER			7	OLK	nad		TELORUANY		YEAR 992	1815 M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest	t birthday)	IF UNDER		IF UNDER	24 HRS.	7. DATE OF BIRTH *		8. BIRTHE	PLACE (State or Foreign
	214-10-8776	1 🗌 M 2 💢 F	74	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) 1-21-191		Country	ginia
	9a. FACILITY NAME (If not institution, give				9b. CITY			ON OF DEAT			TY OF DE	
OR	PENINSULA GENE	RAL HOSPI	FAL			SA	LISB	URY		V	VICON	MCIO
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUN	TV										
IBI	1012 00010			10c. CIT	Y, TOWN C	_						10d. INSIDE CITY LIMITS?
	Md. Wice	omico			Sal	isb						1 TES 2 NO
FUNERAL						101	ZIP CODE			10g. CITIZ	EN OF WI	HAT COUNTRY?
JNE	119 Carolyn Av	12. WAS DECEDENT	EVED IN U.S. ADV	450				801			.S.	
	1 Never Married 2 Married	FORCES? 1	YES 2 TH	O	1 12	li yea, spi	ecity_Cuba	n, Maxican,	ORIGIN? (Specify Year Puarto Rican, atc.)	or No-	14. RACE Black,	- American Indian, Whita, atc.
BY	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES			1 NES	2 🔼 NO	Specify:			Specify	ite
6	15. DECEDENT'S EDI (Specify only highest gred	UCATION	18a, DEC	EDENT'S	USUAL O	CCUPATIO	N .		16b. KIND OF BUS	INESS/INDU		ice
9	Elamentary/Secondary (0-12)	College (1-4 or 5 +	,				st of workin					
COMPLETED		4	Sw	itch	iboa	rd	oper	ator	Delma	rva	Powe	er
8	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	ER'S NAME	(First, Middle, Maiden	Sumame)		
BE	Stanley B. Tr	ader							rnard			
2	190. INFORMANT'S NAME (Type/Print) Franklin B. Ja							or Rural Rou	ite Number, City or Town	, State, Zip	Code)	
	20a. METNOD OF DISPOSITION	irman			as							
	10 Burlai 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State	20b. PLACE A	NO DATE O	of DISPOS ther place)	ITION /Na	me of		2/20 He	CATION — C	aty or Tow	rn, Stata
	21. SIGNATURE OF EUNERAL SERVICE LI		Sprin	ngni				Gan.		bron	, Mo	d .
	54.00	1/5		V_								
	Suara	() 01	uno	3	В	oun	ds F	uner	al Home	, Sa	lish	oury, Md.
	23. PART i. Enter the diseeses, or shock, or heart failure.	complications that List only one cause	ceused the dec	th. Do n	ot enter	tha mod	de of dyle	ng, such a	na cardiec or reapli	atory arre	at,	Approximeta
	IMMEDIATE CAUSE (Finel disease or condition					/	1					Onset and Death
	regulting in death)	DUE TO	spurp	Lon	ARY	1	TRRU	551				Minutes
_		DUE TO (OR AS A CONSEO	UENCE OF	7:	0.7	7.0	Ean	Code	0		
o l	Sequentielly list conditions,	DUE TO	OR AS A CONSECU	UENCE OF	CDII	TI	111	1112	clion	11		
CAT	Cause. Enter UNDERLTING	. 8	111 ho	nA	NY	2	MA	bui	. S			j
Ě	CAUSE (Disease or injury thet initiated events	DUE TO I	OR AS A CONSECU							2.		1
CERTIFICATION	resulting in death) LAST	d										
	PART II. Other significant condition	ne contributing to	tooth but not so	auddan I		41-1-						
ICAL	POST OPE	DATUL	F -	DE	n tha Un	aeriying					1	WERE AUTOPSY FINDINGS WAILABLE PRIOR TO
E	1001014	KI) I WU		CC		130	41	OLIV	1 - YES 2	NO	2	COMPLETION OF CAUSE OF DEATH?
Σ									-		1	YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL					00 84		ATAL 404				
Sic	EXAMINER?	HOSPITAL:	ER/Outpatient 3 [7004	OTHER	1:		ATN (Check				
PHYSICIAN: MED	27. MANNER OF DEATH	28a. OATE OF I	NJURY	28b. TIME		28c. INJU			Other (Specify) 8d. OESCRIBE HOW IN	IIIIW OCCI	IDED	
BY P	1 Natural 5 Pending Investigation	(Month, Day	(, Year)	INJ		WOF	¥K7 ES 2 □		os. OESCHIBE HOW IN	JOHT OCCU	MED	
	2' Accident investigation 3 Suicida 6 Could not be	26a. PLACE OF	INJURY At hom tc. (Specify)	e, farm, s	treet, facto	ory, office		21	Bt. LOCATION (Street ar	nd Number o	r Rumi Roc	ule Number,
	4 Homicide determined	ounding,	ть. (эрвску)						City or Town, State)			
٦ I	29a. CERTIFIER (Check only 1 CERTIFYING PHYS	ICIAN: To the best of n	ny knowledge, dest	th occurre	d at the tir	me, data i	and place.	and due to	the cause(s) and men	or an eleter		
OMPLETED	one) 2 MEDICAL EXAMINE	ER: On the basis of ax	minetion and/or in	vestigation	ı, in my oş	pinlon, de	ath occure	d at the tim	e, data and place, and	dua to the	cause(a) a	and menner as stated.
Ŭ 🚪	295. SIGNATURE AND TITLE OF CENTREE					Т	_	NSE NUMBE				Month, Day, Year)
w III		Cities .		>		- 1		220 11-1			A	,, !/
∞ ∥	No.	ellu-	- P+				7	33.	15/2		1,71	167
10 BE	16. NAME AND ABDRESS OF PERSON WH		OF DEATH (ITEM	27) (Type,	Print)		D	537	156	ત્રે	1171	92
∞ ∥	30. NAME AND ASSURED OF PERSON WIN	J BART	OF DEATH (ITEM	14-	Print)	O Ax	Pens	23	Salles	B.N.	1171	nd.

The Section of the Section

ND 21215-0020

SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours are death	INERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune	
Ter	å,	this 70 hours after death with the State Dent of Health and Mental Horizon prior to burial cremation or removal
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SPI	NER	e i q

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE OF DEATH)AY	YEAR	3. TIME OF DEATH
	MARION		DÜA	NE	J(YCE				ebruary 7	19	92	10:50 P. ₩
	4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In yrs.	lest birthday)	IF UNDER	R 1 YEAR	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTI	HPLACE (State or Foreign
	313-16-0043		1½ M 2 □ F	68	YRS.	MONTHS	CAYS	HOURS	MINI.	May 18, 1	.923		iana
- 3	9a, FACILITY NAME (If not in	stitution, give s	treet and number)			9b. CITY	Y, TOWN	R LOCATIO	N OF DE	ATH	9c. COI	JNTY OF E	DEATH
DIRECTOR	308 Arago		Lve			I	Fort	Wash	ingt	on	Pri	nce	George's
2	RESIDENCE OF DEC	10b. COUNT	Υ		10c, CI	Y. TOWN	OR LOCA	ION					10d. INSIDE CITY
E	Maryland	Princ	ce George	1 8				ingto	n				LIMITS?
	10e. STREET AND NUMBER	-12:10	ocorge		1 - 1	710 1		ZIP CODE		-	10g, Cl	TIZEN OF	WHAT COUNTRY?
N.	308 Arag	ona Dr	rive					207	44				S.A.
BY FUNERAL	11. MARITAL STATUS	0114	12. WAS DECEDEN	IT EVER IN U.S.	ARMED	13.		ENDENT OF	F HISPAN	IC ORIGIN? (Specify Ye	s or No—		E — American Indian, ik, White, etc.
F	1 Never Married 2 🔀		FORCES?	YES 2	NO			2 X NO		n, Puerto Rican, etc.)			www.White
	3 Widowed 4 Divo	rced	WWII & I	Korea									WILCO
		EDENT'S EDU highest grade		16a.	OECEDENT'S (Give kind of	work done	during me		9	16b. KIND OF BU			
"	Elementary/Secondary (0	1-12)	College (1-4 or 5		ille. Do NOT u					Federal			
COMPLETED		1	5+	W	riter	- Ec	lito		_	Voice o			1
8	17. FATHER'S NAME (First, M		T					1000		ME (First, Middle, Maide	n Sumame)		
BE	William Ed		loyce					<u> </u>		Hommel			
9	Gladys E.									loute Number, City or To			7.1.1
	20a. METHOD OF DISPOSIT				CE AND DAT				E. W	ashington			
	1 Burial 2 Crematic	n 3 🗆 Rem	ioval from State	of cemel	ary, cremator	y or other	place)	otor	₁₇ 2	/8/92 Ale	wond:	ri o	Vincinio
	21. SIGNATURE OF FUNERA		CENSEL	7	города	22	NAMEA	ND ADDRES	S OF FAC	CILITY	xanu.	ııa,	virginia
	-61	1	18.11				egr	e P.	Ka1	as Funera	1 Hor	ne, Ø	con Hall, Md.
	23. PART I. Enter the d	er.	//alu		_	1	74	LAS		(60-0X			
	ahock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in deeth)	eert fallure. nel	List only one ce	use on eech l	ine.					roma			Approximate Interval Between Onset and Death
ATION	Sequentially list condit If any, leading to imme cause. Enter UNDERLY	diete	b	O F O (OR AS A CON	SEOUENCE O	AL PFI:		CA	vi-	Ty			2 ym.
MEDICAL CERTIFICATION	CAUSE (Disease or Injuthat Initiated events resulting in deeth) LAS	iry	DUE TO	OR AS A CON	SEOUENCE (OF):							
LC	PART II. Other algolitics	ent condition	na contributing to	death but no	ot reaulting	In the u	inderfyln	g cause g	iven in			7 24	b. WERE AUTOPSY FINDINGS
S										PERFO	PAMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
											Z JAI NO		OF DEATH?
-										_			1 123 2 110
M	25. WAS CASE REFERRED T	O MEDICAL					26. P	LACE OF D	EATH (Ch	eck only one)			
SIC	EXAMINER?		HOSPITAL: 1 Inpatient 2	☐ ER/Outpatient	3 🗆 DOA	OTHE 4 Nu	R: Insing Hor	ne 5 (1/A)e	sidence	6 Other (Specify)			
PHYSICIAN:	27. MANNER OF DEATH		26a. DATE O	F INJURY	26b. TI	WE OF	28c. IN	JURY AT		28d. DESCRIBE HOW	INJURY O	CCURED	
		Pending Investigation	(Month,	Day, Year)	1	JURY M		YES 2] NO				
) BY	2 Accident 3 Suicide 6	Could not be	28e. PLACE	OF INJURY — At	home, farm,	street, fa	ctory, offi	:0		261. LOCATION (Stree City or Town, Stat		er or Rural	Floute Number,
TEI	4 Homicide	detarmined	bolluling	, are (opecity)						Oily or lown, Stat	9)		
COMPLETED	Conson only									to the cause(s) and m			(a) and menner as stated.
ш	296, SIGNATURE AND TITLE	OF CERTIFIE	iR _	1					ENSE NUI		29d. D/	ATE SIGNE	D (Month, Day, Year)
8	Kousk	-	4.1	Tall	~			03	583	352		2/	F192
5	30. NAME AND ADDRESS O Krishan Ma						broo	k Sq	.,#	213, Wald	orf,	Md.	20603
	FFR 11 199	Year)	Sula David	AR'S SIGNATUR	E 00								
	1 F F K L L 133	16	Tura name	JOS Natlor									

		REGISTRAR		CERTIFIC	ATE OF	DEATH	RI	G. NO.	
		1. DECEDENT'S NAME (First, Middle, Last) HACOLD		reold L.	Jere	W	2. DATE OF D MONTH		YEAR 1728 PM
(P		270-14-7905	1 M 2 🗆 F		UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BI (Month, Day	RTH (8	B. BIRTHPLACE (State or Foreign Country) Ohio
1, 2, 3	тон	Pone Arundel RESIDENCE OF DECEDENT	Medical (OR LOCATION OF D	EATH		y of DEATH De Arundel
permit. Pages	- DIRECTOR		ie Arunde		SQS/				10d. INSIDE CITY LIMITS? 1 Z YES 2 NO
. st	FUNERAL	106. STREET AND NUMBER 1068 St. W	Argeret			1. ZIP CODE 214			USA
the the	BY	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 TYPES IF YES, GIVE WAR OR D. WWII	2 NO	If yes, st	CENDENT OF HISPA pecify Cuban, Mexic 3 2 NO Speci	en, Puerto Rican,	etc.)	4. RACE — American Indian, Black, Whita, atc. Specify: Wh't-C
F 3	COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16e. DECEDENT'S USL (Give kind of work life. Do NOT use rel	done during mo tired.)	ON ost of working		OF BUSINESS/INDUS	
the hospital of detached for a detac	COMP	17. FATHER'S NAME (First, Middle, Last)		Mechani	.C	18. MOTHER'S NA	ME (First, Middle,	ant Food Maiden Surname)	d
od by t	BE	Lawrence Je	rew				Shaw		
y be retained age 5 should be notified	5	19a. INFORMANT'S NAME (Type/Print) Ruby Jerew		196. MAILING ADI	St. M	and Number or Rural Margare	Route Number, Ch	y or Town, State, Zip Co , Annaj	polis, MD
Page 6 may il director, pa ner must b		20a. METHOD OF DISPOSITION 1 ☆ Burlel 2 ☐ Cremation 3 ☐ Rem 4 ☐ Donation 5 ☐ Other (Specify)	oval from State cem	petery, crematory or other to the V	place!		DATE	20c. LOCATION — CIT Chelteni	
death. e funera il. exami		21. SIGNATURE OF FUNERAL SERVICE LIC	L		Harde		neral	Home, MI Annapol:	
ted within 24 hours after completely filled in by the ial, cremation, or removal event, the medical		IMMEDIATE CAUSE (Final	a. Reserved	ach lina.		eda of dying, suc	h as cardiac c	r respiratory srras	Approximata interval Batween Onset and Daeth
execu n and to bur	CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c	CONSEQUENCE OF):					
H. H.	CERTI	resulting in dasth) LAST	d						
res that tigned by ealth and is any is	N: MEDICAL	Myscardis Hyscardis Anthropy		erction	ne underlyin	g cause given in		WAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
V: The law cate has t State Dept item 23	N N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. Pt	ACE OF DEATH (Ch	eck only one)		
SICIAN: The certificate h h the State I	Si	1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outpe		HER: Nursing Hom	e 5 🗆 Rasidence	8 Other (Spec	elty)	
NG PHYSIC fler this ce eath with th marked, o	BY PHYSICIAN:	27. MANNER OF OEATH 1 Pending 2 Accident Investigation	28a. OATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	28c. INJ WO			HOW INJURY OCCUP	RED
L OR ATTENDING P DIRECTOR: After the hours after death villem 28 is man	ETED	3 Suicide 8 Could not be determined	28a. PLACE OF INJURY building, atc. (Speci	— At home, farm, atreet	t, factory, offic		281. LOCATION City or Tow	(Street and Number or n, Stele)	Rural Route Number,
4 7 2 =	COMPL		CIAN: To the best of my knowlers. R: On the basis of examination						suse(a) and manner as stated.
TO THE HOSPIT TO THE FUNERA DE filed within ?	D BE	29b. SIGNATURE AND TITLE OF CERTIFIER	ulle	mpe		D3/	778	29d. DATE S ▶ 2	IGNED (Month, Day, Year)
	L	30. NAME AND ADDRESS OF PERSON WHO	MILLER	46		+NN/	180 LI	44 /11 5 MC	21431
		31. DATE FILED (Morith, Day, Year) FEB 1 8 1992 4	32. REGISTRAR'S SIGN	ndale.					

Charles de

PECT

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FUNERAL

BY

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BE

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CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

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BALTIMORE, MARYLAND 21203-3146

FOR

1 -

STATE REGISTRAR

ANNE

11. MARITAL STATUS

resulting in death)

25. WAS CASE REFERRED TO MEDICAL EXAMINER?

8 Pending Investigation

8 Could not be determined

1 YES 2 HO 27. MANNER OF DEATH

1 4 Natural

2 Accident 3 Suicide

4 Homicide

THE HOSPITO THE FUNER SE filed within MPORTANT:	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 wire after death. Page 6 may be retained by the hospital or attending p	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the b	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
5 5 5 5	THE HOSPITAL OR ATTENDI	THE FUNERAL DIRECTOR: A	filed within 72 hours after de	IPORTANT: If item 28 is

92 06098 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH 2 8 1992 BELLE PINKNEY JOHNSON 7. DATE OF BIRTH 4 29 1913 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS HOURS 78 215-12-8107 1 🗌 M 2 🔯 F YRS. MARYLAND 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH ARUNDEL MEDICAL CENTER ANNAPOLIS ANNE ARUNDEL RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND ANNAPOLIS ANNE ARUNDEL 1 YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 208 EASTERN AVENUE 21403 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-FORCES? 1 YES 2 If yee, specify Cuben, Mexicon, Puarto Ricor

1 YES 2 NO Specify: 2XX10 1 Never Merried 2 Merried Specify: 3 Widowed 4 Divorced BLACK 10e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade cor Elementary/Secondary (0-12) College (1-4 or 5+) U.S. NAVAL ACADEMY LAUNDRY DEPT. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) JOHN W. PINKNEY RACHEL JONES 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) LINDA A. P.O. BOX CROWNSVILLE, MD. 21032 JONES 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State METRO CREMATORY BALTIMORE, MD. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY REESE & SONS MORTUARY, P.A. avri elso WEST 1401 ANNAPOLIS 23. PART I. Enter the dieseles, or complications that caused the death. Do not enter shock, or heart feiture. List only one cause on sech line. he mode of dying, such as cardlec or reepiratory arrest, Approximete interval Between Onset and Dasth **IMMEDIATE CAUSE (Finei** diseese or condition_ est rac DUE TO (O AS A CONSEQUENCE OF): seass Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, laeding to immadieta cause. Enter UNDERLYING CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF):

that initiated events resulting in deeth) LAST PART II. Other significent conditions contributing to daeth but not requiting in the underlying cause given in Part I.

24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 TYES 2 TNO

26. PLACE OF DEATH (Check only one)

OSBITAL: Inpatient 2 - ER/Outpatient 3	DOA 4 DN	ER: ursing Home 5 - Residence	6 Other (Specify)
28a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DE\$CRIBE HOW INJURY OCCUREO
28e. PLACE OF INJURY — At he building, atc. (Specify)	me, farm, street, fa	ectory, office	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

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(Chiek only	CERTIFYING PHYSICIAN: To the best of my enowledge, death occurred at the time, date and piece, and due to the cause(s) and menner as sta	rted.
09#	The second state of the last of authorities and the investment of the second of the state of the second of the sec	

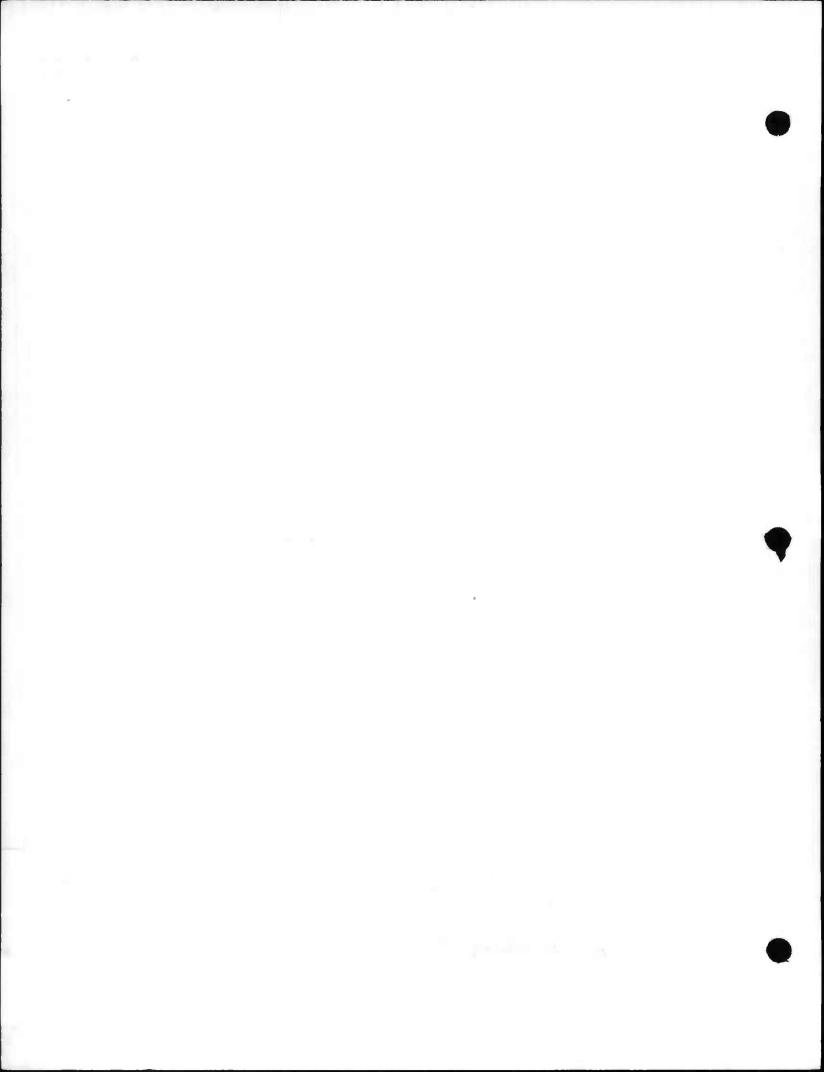
e(s) end menner es stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DR. 32. REGISTRAR'S SIGNATURE

Sevidor And SE 300 NdeR

31. DATE FILED (Month, Day, Year)



IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

296. SIGNATURE AND TITLE OF CER

COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

NS 54 900 BE176

22. REGISTRABIS SIGNATURE

	•											92	. (16099
	FOR STATE REGISTRAR	STATE OF N		/ DEPAR					MENTAL	HYGIEN REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE O	F DEATH D	AY.	YEAR	3. TIM	E OF OEATN
• • •	MILDRE	D JONES							2 1	2 19			5:	35 PM M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	lest birthday)	IF UNDER		IF UNDER		7. DATE O	F BIRTH Day, Year)		8. BIRTI		(State or Foreign
Н	220-30-6174	1 - M 2 XX	7 (O YRS.	MONTHS	DAYS	HOURS	MIN.	5 1	1921				ND
	9e. FACILITY NAME (If not institution, give et													
E :	941 CHESTERFIE	LD ROAD)		Α	NNA	POLI	S			1	ANNE	AF	UNDEL
E	RESIDENCE OF DECEDENT													
Ä	10a. STATE 10b. COUNTY	•		10c. CIT	Y, TOWN	OR LOCAT	ION							ISIDE CITY
ā	MARYLAND ANN	E ARUND	EL	Al	NAP	OLI	S							YES 2 NO
A	10e. STREET AND NUMBER					101	ZIP CODI	E			10g. CI	TIZEN OF	WHAT C	OUNTRY?
FUNERAL DIRECTOR	941 CHESTERFIE	LD RD.					2140	1			1	J.S.		
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S.						IC ORIGIN?	(Specify Yes	or No-	14. RAC	E — Am	erican Indien, , atc.
BY	1 Never Married 2 🕅 Merried 3 Widowed 4 Divorced		MAR OR DATES	Xno			2 X NO			can, etc.)		Spec		, ====
_												LAC	K	
Ĕ	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)		(Give kind of	work done	during mo-	N st of workin	ng	16b.	KIND OF BU	SINESS/IN	DUSTRY		
9	Elementery/Secondery (0-12)	College (1-4 or 5	+)	ille. Do NOT u						ANNE	ARI	JNDE	L	
M M				HOUS	SEKE	EPI				NERA	L H	SPI	TAI	
COMPLETED	17. FATNER'S NAME (First, Middle, Last)								,	ddle, Malden	,			
BE	ROLAND QUEEN									ARKE				
2	19e. INFORMANT'S NAME (Type/Print)		- 1	19b. MAILING									.21	401
۴	RALPH JONES			941 (CHES	TER	FIEI	JD R	D. A	NNAP	OLI	5, M	1D.	
	20a. METNOD OF DISPOSITION 11/2 Buriel 2 Cremation 3 Rem	ovat from State	other	CE OF DISPO							CATION -			
	4 Donation 6 Other (Specify)		MT.	TABOI						CHE	STE	RFIE	ELD	MD.
	21, SIGNATURE OF FUNERAL SERVICE LIC	CENSE	Λ				D ADDRE			RTUA	D W	D /	v	
	Larry	D. A	DONE.							APOL				1401
	23. PART i. Enter the diseases/or	complications th	t caused tha	death. Do										Approximate
	shock, or heart failure.	List Dnly Dne ca	use on each I	ine.										Interval Between Onset and Death
	iMMEDIATE CAUSE (Final disease or condition		Ca (".0.	^									
	resulting in death)	a	O (OR AS A CON		_								-	
_	_		(/.								İ	
O	Sequentially list conditions,	b DUE TO	OR AS A CON	SEQUENCE (OF):								-	
AT	if any, leading to immediate cause. Enter UNDERLYING													
임	CAUSE (Disease or injury that initiated events	C. DUE TO	O (DR AS A CON	SEQUENCE (OF):								_	
CERTIFICATION	resulting in death) LAST													
CE		d												
A	PART il. Other significant condition	e contributing to	desth but no	ot resulting	in the u	nderlyin	g csuse	given in	Part i.	24a. WAS A! PERFO	NAUTOPS'	24	AVAIL	AUTOPSY FINDINGS ABLE PRIOR TO
20										1 TYES	2 🗌 NO		OF DI	LETION OF CAUSE EATH?
ME													1 🗆	YES 2 NO
ż														
ZIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				1		LACE OF I	DEATH (C/	heck only one)				
PHYSICIAN: MEDICAL	1 Tes 2 No	HOSPITAL:	☐ ER/Outpatient	3 DOA	4 Nu	:R: Ireing Hon	ne 6 R	esidence	6 🗆 Other	(Specify)				
Ť	27. MANNER OF DEATH	26e. DATE O	F INJURY Day, Year)	28b. Ti	ME OF	28c. IN.	JURY AT		28d. DE\$	CRIBE HOW	INJURY O	CCURED		
ВУ Р	1 Natural 5 Pending	(morall,		- ["	M		YES 2	□ NO						
	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE	OF INJURY — AI	t home, farm	, street, fa	ctory, offic	:0		26t, LOCA	ATION (Street or Town, State	and Numb	er or Rum	I Route N	lumber,
PLETED	4 Nomicide determined	Dunding	g, are. (openny)						City C	, rowit, state	,			
LE	290. CERTIFIER CERTIFYING PNYS	ICIAN: To the best	of my knowledge	, death occur	rred at the	time, deta	and plac	e, end du	e to the cau	se(a) end m	enner as a	tated.		
A P	(Check only one) 2 MEDICAL EXAMINI												hae (e)e	menner on stated

29c. LICENSE NUMBER

Ra

BEITGATE

ANN

29d. DATE SIGNED (Month, Day, Year)

2

mn 21401

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL HYGIEN		00100
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
ANNA	KIRKPATRICK				2 16		92 1:30 pm
4. SOCIAL SECURITY NUMBER		****	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign Country)
577 30 0442	1 □ M 2 🔀 F	98 YRS.	HIHS DAYS	HOURE MIN.	Dec. 22 1	893	Washington D.C.
9a. FACILITY NAME (If not institution, give s			CITY, TOWN OF	LOCATION OF O	EATH	9c. COUNT	Y OF OEATH
PRINCE GEORGES HO			CHEVERL			PRI	NCE GEORGE!S
10a, STATE 10b, COUNTY			OWN OR LOCATIO				10d. INSIDE CITY LIMITS?
Maryland Prince	Georges	Land	over Hi				1 TES 200 NO
			101.	ZIP COOE	0784		N OF WHAT COUNTRY?
7109 Varnum Stre							ted States
1 Never Merried 2 Married	12. WAS OECEDENT EVER I FORCES? 1 YES	2 NO	If yes, spec	ify Cuban, Mexica	HC ORIGIN? (Specify Yes n, Puerlo Rican, etc.)	or No-	4. RACE — American Indian, Black, Whita, etc.
3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	No	1 TES	NO Specif	No		Specify: White
15. DECEDENT'S EDUC (Specify only highest grade	CATION	16a. DECEDENT'S USU	JAL OCCUPATION	1	16b. KIND OF BUS	SINESS/INDUS	
Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use ref	done during most tired.)	of working			
12 -		Mail Read	der		Veteran	s Admi	inistration
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)	
John F. Mack				Sabin	a Steffan		
19a, INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	DRESS (Street and	Number or Rural i	Route Number, City or Tow	n, State, Zip C	ode)
William N. Daisey	III	15201	01d Cha	pel Roa	d Bowie Ma	ryland	1 20715
20a. METHOD OF DISPOSITION 1 1 Burial 2 Cremation 3 Rame 4 Donation 5 Other (Specify)	oval from Stata 200	o. PLACE AND DATE OF DI netery, cremetory or other to SCENSION C	ISPOSITION (Nam	eof emetery	0ATE 20c. LO	CATION — CH	ty or Town, State
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	scension of	22. NAME AND	ADORESS OF FA	CILITY	OWIE P	aryrand
* Robert E.	Emma	Pres	Beal1	-Evans	Funeral Ho		A. aryland 20715
23. PART i. Enter the diseases, or o	omplications that cause	the death. Do not	enter the mod	of dying, suc	h ss cardiac or reapi	ratory arres	it, Approximate
iMMEDIATE CAUSE (Final	List only one cause on e	ach lina.					intarvsi Between Onset and Death
disesse or condition resulting in death)	. Card	CONSEQUENCE OF):	many	Gin	0.57		FOR THE THE
Tooking in douting	DUE TO (OR AS /	CONSEQUENCE OF):					
Sequentially list conditions,		noma					
if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):					
CAUSE (Disesse or injury	DUE TO (OR AS	CONSEQUENCE OF):					
that initiated events resulting in death) LAST	50L 10 (011 N3)	CONSCOURNCE OF).					
	J						
PART ii. Other eignificant condition	contributing to death b	out not resulting in th	ne underlying	cause given in			24b. WERE AUTOPSY FINDINGS
					PERFOR	1	AVAILABLE PRIOR TO COMPLETION OF CAUSE
							OF DEATH?
					_		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOODITAL			CE OF OEATH (Ch	ck only one)		
1 TES 2 NO	HOSPITAL:		THER: Nursing Home	5 - Residence	8 Other (Specify)		
27. MANNER OF GEATH	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF	28c. INJUI WOR	RY AT	28d. OEŞCRIBE HOW II	NJURY OCCU	REO
1 Natural 5 Pending 2 Accident Investigation				S 2 NO			
3 Suicide 6 Could not be	28e. PLACE OF INJURY building, atc. (Spec	— At home, farm, street	t, factory, office		28f. LOCATION (Street a City or Town, State)	nd Number or	Rural Route Number,
4 Homicide determined							
29s. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my know	ledge, death occurred at	the time, date a	nd place, and due	to the cause(s) and man	ner an stated.	
one) 2 MEDICAL EXAMINE	R: On the basis of axamination	n and/or investigation, in	my opinion, dea	th occured at the	time, data and placa, an	d due to the o	cause(s) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER				Pgc. LICENSE NUN	IBER	29d. DATE S	SIGNED (Month, Day, Year)
5.71/2	Cor			NZY	934	1 2	117/92
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Prim	rt)	0			1.11
31. DATE FILEO (Month, Day, Year)	32. REGISTINAR'S SIGN		enus	Cente	Dibe 6	seenla	est 190 20770
FEB 19 19	92 Julia De	urdson-Randa	02				



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within all rouns after death. Page 6 may be trained by the hospital or attending phy TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the but be filled within 72 hours after death with the State Dept. of Health and Mental Hygene prior to burlal, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIE	NE 92 (
CERTIFICATE OF DEATH REG. N	0.

	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPA CERTI					MENTAL HYGIEI	VI.	2 06101	9
1 1	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH	<i>.</i>	3. TIME OF DEATH	_
	Robert S. Ke	nnedv						MONTH (DAY	YEAR	**
	4. SOCIAL SECURITY NUMBER		E (In yrs. lest birthday) IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	Feb. 7	19	92 4:49 AM BIRTHPLACE (State or Forely	
	524 50 1310	12 M 2 F	78 YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year)		Country)	yri.
	9e. FACILITY NAME (If not institution, give s	treat and number)		95 OIT	TOWN C	R LOCATI		Sept. 24	19131	Pennsylvania	
Œ	North Arundel H					Burni		ATH		NTY OF DEATH	
DIRECTOR	RESIDENCE OF DECEDENT	COPICAL		6.	Len I	Julii	е .		Anne	Arundel	
EC	10e. STATE 10b. COUNTY	1	10c. C	ITY, TOWN	OR LOCAT	ION	_			10d. INSIDE CITY	_
1	Maryland Princ	e Georges		Bowie	2					LIMITS?	
	10e. STREET AND NUMBER				101	ZIP CODE			I 100 CITI	ZEN OF WHAT COUNTRY?	
ER/	3002 Spark Lane						2	0715	1000	ted States	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	T 12	WAS DEC	ENDENT O		IC ORIGIN? (Specify Ye			
	1 Never Married 2 🔣 Married	FORCES? 1 AYE	S 2 NO	1 1	If yes, spe	ecify_Cube	n, Mexican	, Puarlo Rican, etc.)	a or No-	14. RACE — American Indian, Bleck, White, etc.	
В	3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES		1 TYES	2 M	Specify:	No		Specify: White	
	15. DECEDENT'S EDUC		18e. DECEDENT	'S USUAL O	CCUPATIO	N.		16b, KIND OF BU	SINESC (INC.	HOTEV	_
E	(Specify only highest grade Elementary/Secondary (0-12)	7-17-2		f work done			g	TOOL KIND OF BO	SINE38/INU	USINI	
7		College (1-4 or 5 +)	Intelli	igenc	e St	aff (Offic	cer U.S. A	Army		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)							RE (First, Middle, Meiden			
	Robert Joseph Ker	nnedv						ne Wicks	Sumame)		
BE	19a. INFORMANT'S NAME (Type/Print)		105 444 11 11	0.400050	0.70						
임	Katherine K. Tho	mson						oute Number, City or Tow quel Ca.		Code)	
	20a, METHOD OF DISPOSITION			_			6 50				
	1 🖾 Buriel 2 🗆 Cremation 3 🗆 Remo	ovel from State	0b. PLACE AND DATE emetery, crematory or	other place!						City or Town, State	
- 1	21. SIGNATURE OF FUNERAL SERVICE LIC	ENGEE	Arlington	n Nat	iona	I Cei	meter	ry 2/112/92	2 Ar	lington Virgi	nia
	Dist C S	τ)			D ADDRES		uneral Hor	ne. P.	Α.	
	- nover c. C	burs, 1	res.							aryland 20715	
	23. PART i. Enter the diseases, or c	omplications that caus	ed the death. Do	not enter	the mo	de of dyi	ng, such	as cardiac or resp	iratory sm	est, Approximate	
	shock, or heart failure. I IMMEDIATE CAUSE (Final	List only one cause on	esch line.							interval Betw Onset and D	тееп
	disesse or condition	CATOIR	C Ar	rrs.	-					1 lad la	/ a
ľ	reaulting In death)	DUE TO (OR AS	A CONSEQUENCE	OF):						mineun	7
2	10.00	Henry	A CONSEQUENCE	, (5	hac	10			Mulac	
RTIFICATION	Sequentially list conditions, if any, leading to immediate	OUE TO (OR AS	A CONSEQUENCE	OF):	U		1	,		107410	
3	CAUSE (Disease or injury	5/0	BURA	55 5	SUVO	zen	1/	Corona	21	ľ	
	that initiated events	QUE TO (OR AS	A CONSEQUENCE	OF)	0	1	1	1	~ /		
	resulting in death) LAST	Hrten	usclero	fer	CA	du	JUM.	rator 1	Je 88 8	154	
5	PART II. Other aignificant condition	contributing to death	but not resulting	t- 45							
<u> </u>	PART II. Other aignificant conditions	10 10 +					iven in P	Part I. 24s. WAS AN PERFOI	AUTOPSY	24b. WERE AUTOPSY FINDS AMAILABLE PRIOR TO	NGS
MEDICA	TTIPLSE	ney H	Finer	zma	410	in		1 YES 2	No	OF DEATH?	SE .
Ž	- h shu	uc - Ne	W R	ecur	ere	1				1 TES 2 NO	- 1
ž											
HYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				ACE OF DE	ATH (Chec	ck only one)			
S	1 □ YES 2 □ NO	1 Inpatient 2 ER/Ou	tpetient 3 DOA	4 Nur		5 🗆 Rei	sidence S	Other (Specify)			
E	27, MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)		ME OF	28c. INJU WOF	IRY AT	T	28d. DESCRIBE HOW I	NJURY OCC	URED	\neg
À	1 Netural 5 Pending 2 Accident Investigation			М		ES 2 🗌	NO				
	3 Suicide 8 Could not be	28e. PLACE OF INJUF building, atc. (Sp	ty — At home, ferm,	street, fact	ory, office			281. LOCATION (Street (City or Town, State)	and Number o	or Rural Route Number,	
<u> </u>	4 Homicide determined							City or lown, State)			
ž 1	29e. CERTIFIER (Check only 1 CERTIFYING PHYSIC	CIAN: To the best of my kno	wledge, death occur	red at the ti	me, date :	and place.	and due to	the cause(s) and man	oner se state	4	
COMPLETED	One) MEDICAL EXAMINER	: On the besis of examinat	on and/or investigati	on, in my o	pinion, de	ath occurs	d at the ti	me, data and place, an	d due to the	ceuse(a) and manner se stated	. 1
- 10	290. SONATURE AND TITLE OF CHITIFIER					29c. LICE					_
	16000	4. 100	m			n	122	113	29G. DATE	SIGNED (Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF D	ENTER 27 (No.	a Print1			177	7/		4/11/92	
	1	2m ANN	3001	C /	IDA	10116	00	St BA	Home	unthellana	
	31. DATE FILED (Month, Day, Year)	THE RESIDENCE AND ADDRESS OF THE PARTY OF TH	MATURA	0 /	LITIV	VVC	VC	1 1/14	[I V V	11 1004 6/63	2
	FFR 1 2 1992	Julia David	son-Adnoses	2							
	LLD In 1995		13								
	(5) 1V+	7								DHMH-16 Re	v 1/89

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And the state of t

CREWN FRANKAINEN SOELS HAWKERENT GOLFFEREN

THE DESCRIPTION OF THE PROPERTY OF

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,	1, D	ECEDENT'S	N/
ı	1	200	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

_	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH
	Adam Kooy	hanski			MONTH DAY	Q'Z	(SYAM M
1	4. SOCIAL SECURITY NUMBER 5. SEX 6.	AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		HPLACE (State or Foreign
н	577 4/0/0905 1XM20F	Y 3 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	Coun	Saland
	9e. FACILITY NAME (If not institution, give atreet end number)	00	9h CITY TOWN O	R LOCATION OF DE	7.0	9c. COUNTY OF	DEATH
.	Marc. 10 - 10 - 10	Marca DI	/	2 - 0 0			
2	RESIDENCE OF DECEDENT	U Carryoka.	h (1490.		Prience	George
NEC: OH	10e. STATE 10b. COUNTY	10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY
5	md Prince (2	PriOP 1	Dist	rict	Noight	5	1 YES 2 NO
	10e. STREET AND NUMBER		101	ZIP CODE	777	10g. CITIZEN OF	WHAT COUNTRY?
LONEHAL	1533 LIO Henk	2.7		20.70	17	U.S.A	A
Ĕ	11. MARITAL STATUS), 12. WAS DECEDENT E	EVER IN U.S. ARMED	13. WAS DEC	ENDENT OF HISPAN	HC ORIOIN? (Specify Yee	or No 14, RAC	E American Indien,
	1 Never Married 2 Merried FORCES? 1 FYES, GIVE WAR	YES 2 TAUO		2 A NO Specify	n, Puerto Rican, atc.)	Spe	ck, White, etc.
	3 Widowed 4 Divorced		1			-	White.
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16e. DECEDENT'S U	SUAL OCCUPATION	IN at of working	16b. KIND OF BUS	INESS/INDUSTRY	
4	Elementary/Secondary (0-12) College (1-4 or 5+)	ilie. Do NOT use	ork done during mo retired.)	st or working			
	12 4	Meteorol	.ogy		U.S. G	overnmen	nt
Z MPL	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	ME (First, Middle, Meiden	Surnama)	W.
	unknown Kochanski			un	known		
2	19e. INFORMANT'S NAME (Type/Print)				Route Number, City or Town		
-	Jean F. Kochanski	6533 H	Malleck	St. Dist	rict Heigh	ts, Md.	20746
	20a METHOD OF DISPOSITION 1	20b. PLACE AND DATE				CATION City or 1	
	4 Donation 5 Other (Specify)	washington	Nationa	1 Feb	. 11 Sui	tland Mo	ii
	21: SIGNATURE OF FUNERAL SERVICE LICENSEE		22, NAME A	D ADDRESS OF FA	CLUTY Le I m Inc.	4308 Su-	itland Rd.,
	- Daya A Mach	211	Suit1	and Md.,	20746	1500 54.	rozano na.,
	23. PART I. Enter the diseases, or complications that of	ceused the death. Do no				retory arrest.	Approximate
-1	shock, or neert fellure. List only one ceuse	e on each line.					interval Between
	IMMEDIATE CAUSE (Finel disease or condition	0 4 4 4 10	Conc	la ma	a de	moth	Oliset sild beauti
	resulting in death) s. VIC TO (0	S tatic	:	11011	911	(031-6	u.
	- Ga	の十つされて			-		j
5	Sequentially list conditions,	OR AS A CONSEQUENCE OF): :				
_	If sny, leading to immediate	1 0					
Ę	ceuse. Enter UNDERLYING	1 / WA 1 / X					
FICA	CAUSE (Disease or Injury C.	OR AS A CONSEQUENCE OF):				
HILCALION	CAUSE (Disease or Injury):				
5	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	OR AS A CONSEQUENCE OF					
5	CAUSE (Disesse or Injury that initiated events	OR AS A CONSEQUENCE OF		g ceuse given in	Part I. 24a. WAS AN PERFOR		No. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
DICAL CE	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	OR AS A CONSEQUENCE OF		g ceuse given in		MED?	
MEDICAL CE	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	OR AS A CONSEQUENCE OF		g ceuse given in	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL CE	CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significent conditions contributing to death	OR AS A CONSEQUENCE OF	n the underlyin		PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL CE	CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significent conditions contributing to death the conditions contributing the conditions contributing the conditions contributing the conditions contributing the conditions contributing the conditions conditions contributing the conditions condi	OR AS A CONSCOURNCE OF	n the underlyin	g couse given in	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL CE	CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO HOSPITAL: 1 inpatient 2 1	eeth but not resulting in	26. Po	_ACE OF OEATH (Ch	PERFOR 1 YES 2	MED?	AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
MEDICAL CE	CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significent conditions contributing to d. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpatient 2 II Inpatient 2 II Inpatient 2 II Inpatient 2 II Inpatient 2 II Inpatient 2 II Inpatient 2 II Inpatient 2 II Inpatient 2 II Inpatient 2 II Inpatient 2 II Inpatient 2 II Inpatient 2 III III Inpatient 2 III III III III III III III	DR AS A CONSCOUENCE OF	26. P. OTHER: 4 Nursing Hone	LACE OF OEATH (CA	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
PHYSICIAN: MEDICAL CE	CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions contributing to d. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpatient 2 Inpatient 2 Inpa	DR AS A CONSCOUENCE OF	26. P. OTHER: 4 Nursing Hone E OF 28c. IN. HY M 1	LACE OF OEATH (Ch	PERFOR 1 YES 2 Peck only one) 6 Other (Specify) 28d. DESCRIBE HOW I	MED? A NO NJURY OCCURED	AMAILABLE PRIOR TO COMPLETION DE CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL CE	CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions contributing to d. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	ER/Outpettent 3 □ DOA	26. P. OTHER: 4 Nursing Hone E OF 28c. IN. HY M 1	LACE OF OEATH (Ch	PERFOR 1 YES 2	MED? A NO NJURY OCCURED	AMAILABLE PRIOR TO COMPLETION DE CAUSE OF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL CE	CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (O d	DR AS A CONSCOUENCE OF	26. P. OTHER: 4 Nursing Hone E OF 28c. IN. HY M 1	LACE OF OEATH (Ch	PERFOR 1 YES 2 Deck only one) 5 Other (Specify) 28d. DESCRIBE HOW I	MED? A NO NJURY OCCURED	AMAILABLE PRIOR TO COMPLETION DE CAUSE OF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL CE	CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions contributing to d. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	ER/Outpatient 3 DOA NJURY 28b. TiME INJURY Al home, farm, st	26. P. OTHER: 4 Nursing Hon E OF 28c. IN. MY 1 treet, factory, office	LACE OF OEATH (CA	PERFOR 1 YES 2 Peck only one) 5 Other (Specify) 28d. DESCRIBE HOW I City or Town, State)	NJURY OCCURED	AMAILABLE PRIOR TO COMPLETION DE CAUSE OF DEATH? 1 YES 2 NO
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BE COMPLETED BY PHYSICIAN: MEDICAL CE	CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (O d	ER/Outpetient 3 DOA NJURY Al home, farm, si tic. (Specify)	26. P. OTHER: 4 Nursing Hon E OF 28c. IN. M 1 treet, factory, officed at the firms, date	LACE OF OEATH (Chine 5 Residence IURY AT 17RK? YES 2 NO	PERFOR 1 YES 2 Deck only one) 8 Other (Specify) 28d. DESCRIBE HOW I 28f. LOCATION (Street City or Town, State) to the cause(e) end man on time, date and place, en	NJURY OCCURED and Number or Rura where se stated. d due to the cause	AMAILABLE PRIOR TO COMPLETION DE CAUSE OF DEATH? 1 YES 2 NO NOTE: NO NO NO NO NO NO NO NO NO NO NO NO NO
BE COMPLETED BY PHYSICIAN: MEDICAL CE	CAUSE (Disesse or Injury that initiated events resulting in death) LAST DUE TO (O d	ER/Outpetient 3 DOA NJURY 25b. TIME INJURY (Near) INJURY — Al home, farm, st.c. (Specify) The control of the	26. P. OTHER: 4 Nursing Hon E OF 28c. IN. WM 1 1 treet, factory, officed at the time, date	LACE OF OEATH (Charles 5 Residence IURY AT TYPES 2 NO The oend place, and due Seth occured at the Lace License NU Lace Set	PERFOR 1 VES 2 Deck only one) 6 Other (Specify) 28d. DESCRIBE HOW I 28f. LOCATION (Street City or Town, State) 8 to the cause(e) end man 9 time, date and place, end MBER	NJURY OCCURED and Number or Rura siner ee stated. d due to the cause 29d, DATE SIGNI	AMAILABLE PRIOR TO COMPLETION DE CAUSE OF DEATH? 1 YES 2 NO NOTE: NO NO NO NO NO NO NO NO NO NO NO NO NO
MEDICAL CE	CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (O d	ER/Outpetient 3 DOA NJURY 25b. TIME INJURY (Near) INJURY — Al home, farm, st.c. (Specify) The control of the	26. P. OTHER: 4 Nursing Hon E OF 28c. IN. WM 1 1 treet, factory, officed at the time, date	LACE OF OEATH (Charles 5 Residence IURY AT TYPES 2 NO The oend place, and due Seth occured at the Lace License NU Lace Set	PERFOR 1 VES 2 Deck only one) 6 Other (Specify) 28d. DESCRIBE HOW I 28f. LOCATION (Street City or Town, State) 8 to the cause(e) end man 9 time, date and place, end MBER	NJURY OCCURED and Number or Rura siner ee stated. d due to the cause 29d, DATE SIGNI	AMAILABLE PRIOR TO COMPLETION DE CAUSE OF DEATH? 1 YES 2 NO NOTE: NO NO NO NO NO NO NO NO NO NO NO NO NO
BE COMPLETED BY PHYSICIAN: MEDICAL CE	CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (O d	ER/Outpatient 3 DOA NJURY — All home, farm, si tc. (Specify) Thy knowledge, death occurre- armination end/or investigation E OF DEATH (ITEM 27) (Type, Gallant Fox	26. P. OTHER: 4 Nursing Hon E OF 28c. IN. WM 1 1 treet, factory, officed at the time, date	LACE OF OEATH (Charles 5 Residence IURY AT TYPES 2 NO The oend place, and due Seth occured at the Lace License NU Lace Set	PERFOR 1 VES 2 Deck only one) 6 Other (Specify) 28d. DESCRIBE HOW I 28f. LOCATION (Street City or Town, State) 8 to the cause(e) end man 9 time, date and place, end MBER	NJURY OCCURED and Number or Rura siner ee stated. d due to the cause 29d, DATE SIGNI	AMAILABLE PRIOR TO COMPLETION DE CAUSE OF DEATH? 1 YES 2 NO NOTE: NO NO NO NO NO NO NO NO NO NO NO NO NO

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			ERTIFICATE					REG	

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI CERTIFIC	MENT OF H	EALTH AND I	MENTAL HYGIEN	E	00100
	1. DECEDENT'S NAME (First, Middle, Last) Tack L	Kelly		·		2. DATE OF DEATH MONTH DA	Y - GYEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN (Month, Day, Year)	a BIR	THPLACE (State or Foreign
	579-20-1322 9a. FACILITY NAME (If not institution, give str	1 □XM 2 □ F 6	6 YRS.	DAYS DAYS	HOURS MIN.	4-5-1925	Vi	rginia
DIRECTOR	(AND HOSPIT		-	R LOCATION OF DE	АТН	PRINCE	GEORGES
IRE	10a. STATE 10b. COUNTY			TOWN OR LOCAT				10d. INSIDE CITY LIMITS?
IL D	Maryland Prince	ce George's	F		hington			1 TES 2 X NO
FUNERAL	6708 Janet Lane			101	20744		10g. CITIZEN OF	USA
FU.N	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DEC	ENDENT OF HISPAN	IIC ORIGIN? (Specify Yes	or No.— 14. RA	CE American Indian.
ВУ	3 Wildowed 4 Divorced	Never Married 2 Married Portices 1 12 TES 2 NO If yes, specify Cuben, Maxican, Puerio Rican, etc.)						ick, White, atc.
	15. DECEDENT'S EDUC. (Specify only highest grade of	ATION	16a. DECEDENT'S US	UAL OCCUPATIO	N .	16b. KIND OF BUS	INESS/INDUSTRY	White
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of world life. Do NOT use n	k done during mos etired.)	st of working			
MP	7th		Electri	cian Fo	reman	Priva	ite Indu	stry
	17. FATNER'S NAME (First, Middle, Lest) James 1	V ₀ 11				ME (First, Middle, Malden :		
BE	19a. INFORMANT'S NAME (Type/Print)	verry	19b. MAILING AD	DRESS (Street a)		largaret Phologomer Phologomer Phologomer Phologomer Phologomer Phologomer Phologomer Phologomer Phologomer Phologomer Phologomer Phologomer Phologomer Phologomer Phologomer Phologomer Phologomer Phologomer Phologomer Ph		
2	Jean A. Kelly					Washington		0744
	20a. METHOD OF DISPOSITION 1 [X] Burlal 2 [Cremation 3 [Remove	val from Stata 20b.	PLACEANDDATEGE	DISPOSITION (No.	no of	DATE 200 LOG	ATION OUT	Fe
	4 Donation 5 Other (Specify) 21. SIGNATURE OF UNISHAL SERVICE LICE	Wa Wa	shington	Nat'1.	Cemeter	y 2-24-92	Suitlar	nd, Maryland
	· Mont P. K	alos		Georg	e P. Kal	as Funeral 1 Rd. Oxon	Home	
	23. PART i. Enter the diseases, or co shock, or heert feilure. L	omplications that caused	the deeth. Do not	enter the mod	le of dying, auch	as cerdiac or respir	ratory arrest,	Approximate
	iMMEDIATE CAUSE (Finel disease or condition resulting in death)	Acute	CONSEQUENCE OF	ratori	1 des	ben		Interval Batween Onset and Death
z		engo	truo A	Poart-	Jaille	110		
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate	DUE TO TOP AS A	CONSEQUENCE OF)	1 00	2	9		
S	CAUSE (Disease or injury c.	DUE TO IOR AS A	retter 1	uelly	184			
E	thet initieted evente resulting in death) LAST	PA	NUA	,				
	DART is Other significant and distance	70.	- 30					
PHYSICIAN: MEDICAL	PART ii. Other algnificant conditions	contributing to death bu	it not resulting in t	he underlying	ceuse given in I	Part I. 24e. WAS AN / PERFORM	MED?	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ÿ								Lad VOC D Lad IVO
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	0	28. PL/ THER:	ACE OF DEATH (Che	ck only one)		
HYS	1 TYES 2 TIMO	1 Dispetient 2 ER/Outpe		Nursing Nome	5 Residence 8			
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	WOR		28d. DESCRIBE HOW IN	JURY OCCURED	
	3 Suicide 6 Could not be stermined	28s. PLACE OF INJURY building, atc. (Specif	At home, 1erm, streety)	t, factory, office		28f. LOCATION (Street an City or Town, State)	nd Number or Rural	Route Number,
COMPLETED	29e. CERTIFIER (Check only and CERTIFYING PHYSIC)	AN: To the best of my knowle	dge, death occurred a	t the time, data a	ind place, end due t	o the cause(s) and mann	ner ea stated.	a) and manner se stated
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	2			29c. LICENSE NUM			D (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEAT	IN (ITEM 27) (Type, Prin	1 +60	0 1h	d out	1-1c	ONC
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNAT		11134	, ,,		21(2	-046, mp
	FEB 21 1992	- quina viend	DOLU-NI-MAN					

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	SPITAL OR ATTENDING PHYSICIAN. The law requires that the di
2	OR AT
	SPITAL

	○ Z I I I I I I I I I I I I I I I I I I										3. TIME OF DEATH 10:19 a M		
	4. SOCIAL SECURITY NUMBER 216 22 2117	7 1	□ M 2√□ F	AGE (In yrs. les	VRS.	IF UNDER 1 YE	8 HOURS	MIN.	7. DATE OF BI (Month, Day)		19:	Countr	PLACE (State or Foreign iryland
TOR	90. FACILITY NAME (If not institution, give street end number) Montgomery General Hospital 9b. CITY, TOWN OR LOCATION OF DEATH Montgomery Montgomery Montgomery												
DIRECTOR	Maryland Howard				10c. CITY, TOWN OR LOCATION Dayton				1			10d. INSIDE CITY LIMITS? X 1 YES 2 NO	
FUNERAL	10. STREET AND NUMBER 4656 Linthicum Road					10f. ZIP COOE 21036				10g. CUTIZEN OF WI			HAT COUNTRY?
В	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES				NO If yes, specify Cuben, Mexic			en, Mexicen,	en, Puerlo Rican, etc.) Biac				- American Indian, White, etc.
COMPLETED	15, DEC (Specify onl Elementary/Secondary (0	EDENT'S EDUCAT y highest grade cor 0-12)	ON npleted) College (1-4 or 5+)	(G.	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Housewife					KIND OF BUSINESS/INDUSTRY			
	. 17. FATHER'S NAME (First, M								(First, Middle,		umame)		
BE	Ira M Gra	-		191	h. MAILING	ADDRESS (Stre			Gordon		Danie We	0-40	
5	Fred. C. Kra					Linthio						Code)	
	20e. METHOO OF DISPOSITION 1				nnd oate	OF DISPOSITION ther plece) Ce Ceme		2/17 Clenelg, Howard Co. Mc					
į	21. SIGNATURE OF FUNERA	L SERVICE LICEN	SEE /	1-0					Funer				
	Har	my Z	. Wis	a the	-				bia Pi				
	23. PART I. Enter the diseases, or complicatione that couled the deeth. Do not enter the mode of dying, such as cardiac or reepiratory errest, ehock, or heart fallure. Liet only one cause of each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) e. Accord RENAL FAILURE Approximate Intervel Between Onset and Death												
CERTIFICATION	Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST CAUSE (Disease or injury the cause) CAUSE (Disease or injury the initiated events resulting in death) LAST CAUSE (Disease or injury the initiated events resulting in death) LAST CAUSE (Disease or injury the initiated events resulting in death) LAST CAUSE (Disease or injury the initiated events resulting in death) LAST CAUSE (Disease or injury the initiated events resulting in death) LAST CAUSE (Disease or injury the initiated events resulting in death) LAST CAUSE (Disease or injury the initiated events resulting in death) LAST CAUSE (Disease or injury the initiated events resulting in death) LAST CAUSE (Disease or injury the initiated events resulting in death) LAST CAUSE (Disease or injury the initiated events resulting in death) LAST CAUSE (Disease or injury the initiated events resulting in death) LAST CAUSE (Disease or injury the initiated events resulting in death) LAST CAUSE (Disease or injury the initiated events resulting in death) LAST CAUSE (Disease or injury the initiated events resulting in death) LAST CAUSE (Disease or injury the initiated events resulting in death) LAST CAUSE (Disease or injury the initiated events resulting in death) LAST CAUSE (Disease or injury the initiated events resulting in death) LAST CAUSE (Disease or injury the initiated events resulting in death) LAST CAUSE (Disease or injury the initiated events resulting in death) LAST CAUSE (Disease or injury the initiated events resulting in death) LAST CAUSE (Disease or injury the initiated events resulting in death) LAST CAUSE (Disease or injury the initiated events resulting in death) LAST CAUSE (Disease or injury the initiated events resulting initiated events resulting initiated events resulting initiated events resulting initiated events resulting initiated events resulting initiated events resulting initiated events resultin												
	PART II. Other significe								ort f. 24a.	WAS AN A		24b.	WERE AUTOPSY FINDINGS
MEDICAL	DISSE	Trop war	KERPE	5 70	OSTIER				PERFORMEO?				AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	Commence The same of the same									1 TYES 2 3410			
PHYSICIAN	25. WAS CASE REFERRED TO EXAMINER?			476	GILA		PLACE OF E	DEATH (Check	anly one)				
YSI	1 YES 2 NO		OSPITAL:	R/Outpatient 3	□ DOA	OTHER: 4 Nursing I	lome 5 🗆 R	seldence 6	Other (Spec	cify)			
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending (Month, Day, Year)					URY	INJURY AT WORK?		6d. DESCRIBE	E HOW IN.	JURY OCC	UREO	
	2 Accident Investigation 3 Suicide 6 Could not be determined City or Town, State) 4 Homicide Homicide Could not be determined State PLACE OF INJURY — At home, ferm, street, tectory, office City or Town, State) 286. PLACE OF INJURY — At home, ferm, street, tectory, office City or Town, State)									oute Number,			
COMPLET	one) 2 MEDI	CAL EXAMINER: C	N: To the best of my	knowledge, der	nth occurre	n, in my opinion	ate end place	e, end due to	the cause(e) ne, date end p	end mann place, end	er as atat	ed. e ceuse(e)	end menner se stated.
BE	Evelyn S		n, M.D.	Euf	1	/_	29c. UC	ense numbe	47	-	29d. OATE	SIGNEO	Month, Day, Year)
2	30. NAME AND AGORESS OF	JA	OMPLETEO CAUSE	OF OEATH (IT		Provide TE	N EX	Tyce ,	en .	CA	elc3	ALL	= 21019
	31. DATE FILEO (Month, Day, FEB 2 (32. REGISTRAR'S	SIGNATURE									

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	Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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1 - FOR STATE REGISTRAR	TATE OF MARYLAND		ICATE OF		MENTAL HYGIEN REG. NO						
1. DECEDENT'S NAME (First, Middle, Last) EDDIE MEKEL	UIN				2. DATE OF DEATH MONTH			TIME OF DEATH 9:55 AM M			
4. SOCIAL SECURITY NUMBER 5. S 579-03-8285 13	EX 6. AGE (In yrs.	last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 12-5-99	(Month, Day, Year)		CAROLINA			
PINEULEW MANUE EXT.		LTY		ON. WAR			Y OF DEAT	EURGES			
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION								d. INSIDE CITY			
MARYLAND PRINCE	E GEORGE'S	02	XON HIL	L ZIP CODE		10g, CITIZE		XYES 2 NO			
2114 ALICE AVE #	203			20745		USA					
1 Never Married 2 Married	WAS DECEDENT EVER IN U.S., FORCES? 1 YES 2 DIF YES, GIVE WAR OR DATES	ARMED SINO	13. WAS DEC	endent of Hispan scity Cuben, Mexica 2 NO Specifi	NIC ORIGIN? (Specify Yearn, Puerto Ricen, etc.)	te or No 14. RACE American Indian, Black, White, etc. Specify: BLK					
(Specify only highest grade compile Elementary/Secondary (0-12) Col	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 18b. KIND OF BUSINESS/INDUSTRY										
17. FATHER'S NAME (First, Middle, Lest)	CONSTRUCTION WORKER PVT 18. MOTHER'S NAME (First, Middle, Melden Surn							mame)			
JOHN MCKELV 190. INFORMANT'S NAME (Type/Print)		195, MAILING	ADDRESS (Street o	GINNY and Number or Rural	Route Number, City or Tow	m, State, Zip C	in Code)				
MALACHI MCKELV	/IN	2114	4 ALICE	AVE #	203, OXON	203,0XON HILL MD 20745					
20s. METHOD OF DISPOSITION 1 & Burlel 2 Cremetion 3 Removal from State 4 Principle 6 Other (Specify) 20s. PLACE OF DISPOSITION (Name of cametery, cremetory or other piece) HARMONY MEM. CEMETERY LANDOVER MD											
21. CHATURE OF FUNERAL SERVICE LICENSE		_^		ND ADDRESS OF F	SUT JENKIN VER RD, I						
23. Per I. Enter the diseases, or companies to the state of the state	elications that caused the only one cause on each if	ina.				Iratory srre	st,	Approximate Interval Between Onset and Deat			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in desth) LAST	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants										
Dearting Wars	or fings and	A	-	PERFO	I. 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO				
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:	4	28. P	LACE OF DEATH (Ch	neck only one)						
	Inpetient 2 ER/Outpetient 28a. DATE OF INJURY	3 DOA 26b, TIM	4 Nursing Hon	ne 6 🗆 Residence	6 Other (Specify) 28d, DESCRIBE HOW	INJURY OCCI	IRED				
1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJ	JURY WO	DRK?							
3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At building, etc. (Specify)	home, farm,	etreet, factory, offic	10	26f. LOCATION (Street City or Town, State		or Rural Rout	e Number,			
CONTON ONLY	: To the best of my knowledge, I the basis of examination end/							nd manner as stated,			
29b. SIGNATURE AND TITLE OF CENTRAL	Burl - N	v Da		D-22	MBER 30S	29d. DATE	SIGNED (M	orth, Day, Year)			
30. NAME AND ADDRESS OF PERSON WHO CO	1'MD. 361	11 800	mach AV	e. Toup	GHINS, NO	1.20	748				
31. DATE FILED FOR POWN YOU 1992	32. REGISTRAR'S SIGNATURE JUNE DAVIDS	In-Rand	lell								



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TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a four after death. Page 6 may be retained by the hospital or attending page.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the fault within 72 hours after death with the State Deut, of Health and Mental Hydiene prior to buriar, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

						02	06106			
	1 - STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT OF H		MENTAL HYGIENE REG. NO.	26	00100			
TO BE COMPLETED BY FUNERAL DIRECTOR	1. DECEDENT'S NAME (First, Middle, Last) 4. SOCIAL SECURITY NUMBER 3. D. C. C. C. C. C. C. C. C. C. C. C. C. C.	SEX 6. AGE (In yrs. lest 1 M 2 F 8 7 of and number) RM SCHOOL/4	ERTIFICATE OF E	F UNDER 24 HRS. HOURS MIN. OR LOCATION OF DE A V F TION ZIP CODE CENOENT OF HISPAN ecity Cuban, Maxica: 2 No Specify OP FRAT 18. MOTHER'S NA AND AND AND AND AND AND AND AND AND AND	REG. NO. 2. DATE OF DEATH DAY 7. DATE OF BIRTH (Morth, Day, Year) APP 1 1 ATH TO NO. 160 ORIGIN7 (Specify Yea on, Puerto Rican, etc.) 165. KIND OF BUSIN ME (First, Middle, Maiden Sc.) W L A	PC. COUNTY OF DEA 10g. CITIZEN OF WH 10g. CITIZEN OF WH 15 Specify: NESS/INDUSTRY W. M. G. Innerne) Spele, Zio Code) Spele, Zio Code) Spele, Zio Code) Spele, Zio Code) Spele, Zio Code)	Od. INSIDE CITY LIMITS? YES 2 NO AT COUNTRY? American Indian, Whita, etc. AN 12 Y 7 AN 12 Y 7 U S 22 PR			
	21. SIGNATURE OF FUNERAL SERVICE LIGHT 23. PART I. Enter the diseases, or co	mplications that caused the der at only one cause on each line. Metastatic	Colon		CILITY STUNN h aa cardlac or reapira	PAI	72 E4S/ 73 € 2 Approximate Interval Between Onset and Death			
TED BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions HO RECED CA	OUE TO (OR AS A CONSECUENT OF TO (OR AS A CO	DUENCE OF):			IEO?	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 TO									
TO BE COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER D 27244 Feb 19,1992									

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

ANDRE 112 CLOVER MD 201

31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

'92

Luke Tavidson-Randalle

DHMH-16 Rev 1/89

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BALTIMORE, MARYLAND 21215-00	24 hours after death. Page 6 may be retained by the hospital or attending p	rifiled in by the funeral director, page 5 should be detached for use as the billon, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be mained by the hospital or attending to	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical anaminer must be notified at once.

3	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM CERTIFIC			MENTAL HYGIEN	E 92	06107	
		EN R.	LOW	E		2. DATE OF DEATH MONTH 2 /3	3. TIME OF DEATH 1042 P M		
	530 13.1015				IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Washington, D.C.		
TOR	Southern Maryland I			Clinto	P LOCATION OF DE	EATH	9c. COUNTY	. 1	
DIRECTOR	10a. STATE 10b. COUNTY Maryland St. Ma		Avenue	ON		10d. INSIDE CITY LIMITS? 1 ☐ YES 2※XNO			
FUNERAL	100. STREET AND NUMBER 66-C Louis Bailer		ZIP CODE 20609		10g. CITIZEN OF WHAT COUNTRY? U.S.A.				
84		U.S. ARMED 2 NO TES	if yes, spe	ENDENT OF HISPAP city Cuban, Mexica 2 NO Specifi	IIC ORIGIN? (Specify Yen, Puerlo Rican, atc.)	Yes or No. 14, RACE — American Indian,			
BE COMPLETED	15. OECEDENT'S EDUCAT (Specify only highest grade co. Elementary/Secondary (0-12)	IAL OCCUPATIO done during mos lired.)	N it of working		usiness/industry 1 Government				
E COM	17. FATHER'S NAME (First, Middle, Last) Earl Smith				18. MOTHER'S NA Marga	ME (First, Middle, Maider ret Grav	Surneme) 7 es		
TO B	19a. INFORMANT'S NAME (Type/Frint) Chester T. Dix		196, MAILING ADI	uis Ba:	iley Rd.	Avenue, Number, City or Too	vn. State, Zip Coo Marylan	d 20609	
	20a. METHOD OF DISPOSITION 1	of trom State come	PLACE AND DATE OF D	Cemet	ery 2		ocation — chy litland	or Town, State , Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LICEN	Halis)	George		as Funeral 1 Rd. Oxor		Md.20745	
	23. PART I. Enter the effeases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arreat, abook, or beert feliure. List only one ceuse on each line. Approximate interval Between Onset and Death disease or condition resulting in death) a.								
NOI	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		consequence of:						
A.	PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. PERFORMED? 1 YES 2 NO 1 PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PROPRIED AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?								
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL							1 🗌 YES 2 🗍 NO	
YSICI	EXAMINER? 1 YES 2 NO 1	IOSPITAL:	itlent 3 DOA 4 D	HER: Nursing Home	5 Residence	8 Cher (Specify)			
ву Рн	MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	M 1 Y	RY AT NK? ES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCURE	ED	
	3 Suicide 6 Could not be 4 Homicide detarmined	26a. PLACE OF INJURY building, etc. (Special	— At home, farm, stree fy)	t, tactory, office		261. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLETED		N: To the best of my knowle On the besis of examination						use(a) and manner as stated.	
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	K. Sa.	. 0	ma'	29c. LtCENSE NUM	ISER		GNED (Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO C	, M.D. 1328	Southern	Ave. S	S.E. #20	7, Wash.,		20032	
	FEB 19 1992	32. REGISTRAR'S STONA	The Randell						



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TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR		STATE OF MARYL				EALTH AND DEATH	MENT	AL HYGIEN REG. NO.	E		
1. DECEDENT'S NAME (First, A	Middle, Last)						2. DAT	E OF DEATH		WEAR.	3. TIME OF DEATH
	8	George I					1	b. 1		992	1:37 A.M.
4. SOCIAL SECURITY NUMBER			(In yrs. last b	MOI	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DAT	E OF BIRTH		6. BIRTH	IPLACE (State or Foreign
217 60 6666			8	YRS.				nth, Day, Year) The 24 1	.953	Was	hington D.C.
9a. FACILITY NAME (If not insti				96		OR LOCATION OF D	EATH			NTY OF D	
4411 Orange		ine			Bowie				Pri	nce	Georges
10a. STATE	10b. COUNTY			10c. CITY, TO	OWN OR LOCAT	ION					10d. INSIDE CITY
Maryland :	Prince	Georges		Bowi	.e						LIMITS?
10e. STREET AND NUMBER					101	ZIP CODE			10g. CITI	ZEN OF V	VHAT COUNTRY?
4411 Orange						20715			Uni	ted	States
11. MARITAL STATUS 1 Never Merried 2 M		P. WAS DECEDENT EVER I	N U.S. ARME	ED	13. WAS DEC	ENDENT OF HISPA	NIC ORIO	IN? (Specify Yea	or No-	14. RACE Black	— American Indian, k, White, atc.
3 Widowed 4 Divorce		IF YES, GIVE WAR OR D	PATES	No		2 NO Speci		No		Speci	
15. DECED	DENT'S EDUCATI	ION	16e. DECE	DENT'S USU	AL OCCUPATION	N .	16	b. KIND OF BUS	INESS/IND	LISTOV	WILLE
(Specify only h Elementary/Secondary (0-1)	nighest grade com	npleted) College (1-4 or 5+)	(Give	kind of work o NOT use rel	done during mo ired.)	st of working					
10			P1	Lumber				Conti	acto	r	
17. FATHER'S NAME (First, Midd						18. MOTHER'S NA	AME (First,	Middle, Malden	Sumame)	_	
Stephen Lah	ocki					Evely	ne R	. Wood			
19a. INFORMANT'S NAME (Type						nd Number or Rural					
Thomas L. L.			48	316 Qu	imby A	ve. Bel	tsvi	lle Md.	207	05	
20e. METHOD OF DISPOSITION DEXBurier 2 ☐ Cremelton Donation 5 ☐ Other (S	3 - Removel	from State cen	petery, crema	DATE OF DI	sposition (Na Cemete	me of	DA		CATION —		
21. SIGNATURE OF FUNERAL			euai	птт		D ADDRESS OF FA	LOU CTV	St	itta	nd M	laryland
Robert	66	(nmal)	Pa	201	Beal	1-Evans	Fun				land 20715
23. PART I. Enter the diseasock, pr has IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list condition	a	DUE TO (OR AS A	A CONSEQUE	ENCE OF):		of The			atory arr		Approximate interval Batween Onast and Death
if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	ata G	DUE TO (OR AS A									
PART II. Other significant	conditiona ci	ontributing to death b	out not res	ulting in th	e underlying	cause given in	Part i.	24a, WAS AN A PERFORM	MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO 1 EXAMINER?		OSPITAL:			26. PL	ACE OF DEATH (Ch	neck only o	ne)			
1 TYES 2 THO		Inpatient 2 ER/Outp		DOA 4	Nursing Home	5 A Residence	6 🗆 Oth	er (Specify)			
27. MANNER OF DEATH 1 Matural 5 Per	nding	28a. DATE OF INJURY (Month, Day, Year)	2	8b. TIME OF	28c. INJU WOI	RK?	28d. DE	SCRIBE HOW IN	JURY OCC	URED	
2 Accident Inv	restigation	200 DI ACE OF IN ILIM	41.54-1			ES 2 NO					
	uld not be termined	28s. PLACE OF INJURY building, etc. (Spec	cify)	, IMPITI, STEPPI	, tectory, office		281. LO	CATION (Street as or Town, State)	nd Number	or Rural R	loute Number,
		i: To the best of my know									and manner as stated.
29h SHEWARE AND TITLE OF	F CERTIFIER					292 UCENSE NUI	MBER		29d. DATE	SIGNED	(Month, Day, Year)
(Mar)						1017	451		1	115	172
Fusik M	Rys	DMPLETED CAUSE OF DE	ATH (ITEM 2	T (Type, Print	ton	HIU 1	1	Oban	115	11	M2041
FEB 19	1992	32. REGISTRAN'S SIGN	SON-18	indelle							



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	020	physician.	the funeral director, page 5 should be detached for use as the burial-transit permit. Pages
	BALTIMORE, MARYLAND 21215-0020	ther death. Page 6 may be retained by the hospital or attending physician.	use as the
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or atti TO THE FUNERAL OHECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

WT PITOI	nzo Jame	s Lee					2. DATE OF OEAT	DAY	G Z	10.30 M
SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. le	st birthday)			-	7. OATE OF BIRTH (Month, Day, Yes	d	8. BIRTHP Country)	LACE (State or Foreign
579-30-2056	1€ M 2 □ F	64	YRS.	MONTHS DA	Y8 HOURS	WIN,	July3	192		thCaroli
ea. FACILITY NAME (If not institution, give Holy Cross Ho					er Sp				ntgon	ATH
RESIDENCE OF DECEDENT 10a. STATE 10b. COUN	тү		10c. CIT	TY, TOWN OR L	OCATION				1	10d. INSIDE CITY
Maryland Mont	gomery		Si	llver	Sprin			10- 00		LIMITS? 1 X NES 2 NO HAT COUNTRY?
8820 Lanier	Drive	#102			209				JSA	IAI COUNTRY?
II. MARITAL STATUS I Never Married 2 🔀 Married B Widowed 4 Divorced	FORCES?	TEVER IN U.S. A VES 2 MAR OR DATES ATMV		If yes		en, Mexica	IIC ORIGIN? (Specifi n, Puerto Rican, etc /:		Black,	- American Indian, Whita, atc. Black
15. OECEDENT'S ED (Specify only highest gra-		16a. D	Give kind of	S USUAL OCCUI	PATION or most of work	ina	16b. KINO OF	BUSINESS/IN	IDUSTRY	
Elementary/Secondary (0-12) 9th	College (1-4 or 5		le. Do NOT u	al Car			G	OVT.		
17. FATHER'S NAME (First, Middle, Last)					18. MOT	HER'S NA	ME (First, Middle, Ma	iden Sumame)		
Unknown							ia Lee			
JULIA Lee	e Queen	1	5 4 0 9	Anne	ette C	ct.	Number, City of Upper M.	arlbo	oro,M	
20a. METHOD OF DISPOSITION 1 □ Burlai 2 □ Cremation 3 □ Ra 4 □ Donation 5 □ Other (Specify) —	moval from Stata	20b. PLAC	Y Tar	re of Disposit	eran'	s C	em2-2120	Chelt	enha	m, Stata m, Maryl
21. SIGNATURE OF FUNERAL SERVICE	- 4	Brisc	re		474 I					neral Horar
	. List only ons ce	at caused tha c use op each lir	leath. Do na.			_	as cardiec pr			Approximata interval Between
shock, or heart failure iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Oue TO DUE TO C.	O (OR AS A CONS	EQUENCE (not enter the		_				Approximata interval Between
immediate cause (Final disease or condition resulting in death) Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. OUE TO DUE TO d.	O (OR AS A CONS	EQUENCE C	not enter the	mode of dy Sh sel	on D	Part I. 24a. WAPE		prest,	Approximata interval Between Onset and Daath Share Sha
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iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. OUE TO DUE TO d.	O (OR AS A CONS	EQUENCE C	not enter the	mode of dy	oring, suc	Part I. 24a, Wh	S AN AUTOPS'	prest,	Approximata interval Between Onset and Daath July Shape Sha
iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. OUE TO b. DUE TO c. DUE TO d. Ons contributing to	O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS	EQUENCE C	not enter the	mode of dy	given in	Part I. 24a. Where the peck only one)	S AN AUTOPS' RFORMED? ES 2 NO	prest,	Approximata interval Between Onset and Daath July Shape Sha
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions are conditions. The conditions is a condition of the cause	a. OUE TO b. DUE TO d. OORS CONTributing to	O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS	EQUENCE C	OF): OF): OF): OF): OTHER: 4 Nursing ME OF 28- 4JURY 28- 4JURY 28- 4 Nursing	mode of dy	given in	Part I. 24a, Wh	S AN AUTOPS' RFORMED? ES 2 NO	Y 24b.	Approximata interval Between Onset and Daath July Shape Sha
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions are conditionally in the conditional conditions are conditionally in the conditional conditiona	b. OUE TO b. DUE TO c. DUE TO d. Ons contributing to PLOSPITAL: V	O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS	EQUENCE C EQUENCE C Tesuiting	or enter the	riying cause 28. PLACE OF Home 5 F Control HJURY AT WORK?	given in	Part I. 24a. Wheek only one) 8 Other (Specify	S AN AUTOPS' RFORMED? ES 2 NO OW INJURY O	y 24b.	Approximata interval Between Onset and Daath July Shape Sha
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions are all the conditions of the conditions	B. List only one ce a. OUE TO b. DUE TO c. DUE TO d. One contributing to POSPITAL: V inpatient 2 28a. DATE O (Month, 19 28b. PLACE building	O (OR AS A CONS O (OR AS A CON	EQUENCE C EQUENCE C	OF): OF): OF): OF): OF): OTHER: 4 Nursing ME OF 1, street, factory,	riying cause 28. PLACE OF Home 5 F C. INJURY AT WORK? YES 2 offica	given in DEATH (Cr. Residence	Part I. 24a. WAPE 1 VI 28d. OESCRIBE H 28f. LOCATION (S. City or Town,	S AN AUTOPS' RFORMED? ES 2 NO OW INJURY O	Y 24b. CCURED Our or Rural R	Approximata interval Between Onset and Death August and Death August and Death August and Death August and Death August and Death Were Autopsy Findings and Label Prior to Completion DF Cause OF Death? 1 Yes 2 No
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions are all the conditions of the conditions	a. OUE TO b. DUE TO c. DUE TO d. OORS CONTributing to PLOSPITAL: 1/2 inpatient: 2 28a. DATE O (Month, a. 28b. PLACE building TSICIAN: To the best of	O (OR AS A CONS O (OR AS A CON	EQUENCE C EQUENC	OF): OF): OF): OF): OF): OTHER: OTHER: I A Nursing ME OF NJURY 1 , street, factory, rred at the time, tion, in my opini	riying cause 28. PLACE OF Home 5 F C. INJURY AT WORK? YES 2 office data and place tion, death occ	given in DEATH (Cr. Residence	Part I. 24a. WARPE 1 VI 28d. OESCRIBE H 28f. LOCATION (S City or Town, the cause(a) are of time, data and place	S AN AUTOPS' RFORMED? ES 2 NO OW INJURY O	Y 24b. CCURED ber or Rural R teted.	Approximata interval Between Onset and Death August and Death August and Death August and Death August and Death August and Death August and Death Were Autopsy Findings and August and Death Were Autopsy Findings and Death



BALTIMORE, MARYLAND 21215-0020	24 flours after death. Page 6 may be retained by the hospital or attending physician.	by filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages ition, or removal.	the medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 fours after death. Page 6 may be retained by the hospital or attention physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages to filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

	92-683-033						96	06110
_	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPART	MENT OF	HEALTH AND DEATH	MENTAL HYGIE		
		TRICK		LEE		2. DATE OF DEATH		3. TIME OF GEATH 92 3:09 P
			-	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTNPLACE (State or Foreign Country)
		1 🖾 M 2 □ F 39	YRS.			03/21/5		Washington, DC
TOR	9a. FACILITY NAME (If not institution, give street Doctors Hospital RESIDENCE OF DECEMENT			LANHA	OR LOCATION OF O	HTABO		GEORGE ^t S
DIRECTOR	10e. STATE 10b. COUNTY	ce George's	10c. CITY,	TOWN OR LOCA				10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	000160			of, ZIP CODE		40. 0/7/7/	1 YES 2 NO
FUNERAL	9-H Southway Road				20770	1		S.A.
3	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U	S, ARMED	13. WAS DE	CENDENT OF HISPA	NIC ORIGIN? (Specify		4. RACE — American Indian
B≺	1 Never Married 2 K Married 3 Wildowed 4 Olivorced	FORCES? 1 YES		If yes, s	pecify Cuban, Mexic S 2 X NO Speci	en, Puerto Rican, atc.)		Black, White, etc. Specify: White
8	15. DECEOENT'S EOUCA (Specify only highest grade co		Se. DECEDENT'S U	SUAL OCCUPATION OF MALE	ION	16b. KIND OF E	USINESS/INDU	
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+) None	Pressm	retired.)	ost or working	Pri	nting	Company
Ö	17. FATHER'S NAME (First, Middle, Last)				18. MOTNER'S N	AME (First, Middle, Maid		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
BE (James E. Lee				Netti	ie Van Dev	ender	
10	Jill A. Lee		1			Route Number, City or 1		
	20e. METHOD OF DISPOSITION 1	al from State 20b. Pi	ACE AND DATE OF	OLEDO GITION /N	lama of	DAYE 200	OCATION OF	ty or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICE	ISEE Me I	ropolita	an Crem	ND ADDRESS OF F	2/14/92 A1	exandr.	ia, Virginia
	· TILY !	Broken	V	Franci	s Gasch	s Sons Fu		Home, PA 11e, MD 20781
	23. PART I. Enter the diseasee, or conshock, or heart failure. Lid	mplications that caused the	he daath. Do not	enter tha mo	ode of dylng, suc	ch aa cardiec or ree	piratory arrea	it, Approximate
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Hypertensive TOUE TO GOR AS A CO	Atheros	cleroti	c Card	lisvazcul	ar Di	Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A CO	ONSEQUENCE OF):					
ERTIFI	that initiated eventa reaulting in death) LAST	DUE TO (OR AS A CO	ONSEQUENCE OF):					
	PART ii. Other aignificent conditions	contributing to deeth but	not recuiting in	the underlyin	O cause olven in	Part I 240 uno	IN AUTOPSY	
MEDICA					y vacca given in	PERF	ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
						IN YES	2 NO	OF OEATH?
								1 YES 2 NO
M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PI	LACE OF OEATN (C)	neck only one)		
Sic	Y	IOSPITAL: Inpatient 2 ER/Outpatie		THER:	ne 5 🗆 Residence	8 Other (Specify)		
BY PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME (OF 28c. INJ	IURY AT DRK? YES 2 NO	28d. DESCRIBE NOW	INJURY OCCU	RED
E	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — building, atc. (Specify)	A1 home, ferm, stre	et, factory, offic	:0	281. LOCATION (Stree City or Town, Stat	t and Number or e)	Rural Route Number,
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIA (Check only one) 2 Medical Examiner:	N: To the beat of my knowledge.	ge, death occurred	ot the time, date	and place, and due	to the cause(a) and m	enner as stated.	cause(s) and manner as stated.
- 1	29b. SIGNATURE AND TITLE OF CERTIFIER			пу ориноп, с			and due to the o	cause(s) and manner as stated.
TO BE	Llennis	A. Chuit	4 Mis		O . C . M .			10-1992
	30, NAME AND ADORESS OF PERSON WHO C	andred-man access						



32. REGISTRAR'S SIGNATURE Julia Daydson-Randell

FEB 1 4 1992

PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

111 N. PENN ST. BALTIMORE, MARYLAND

	1 - STATE REGISTRAR		STATE OF I	MARYLAND C	DEPAR	RTMENT O	F HEALTH	AND	MENT	AL HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle,	, Last)								TE OF DEATH			3. TIME OF DEATH
1 5	Harold	Me	dford	Legg					Ja	nuary	7 1	9 9 2	12:20 P
1	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. Is	sst birthday)	IF UNDER 1 YE		R 24 HRS.	7 DAT	E OF BIOTH		8. BIRTI	NPLACE (State or Foreign
	218-16-8338		1 X M 2 [] F	67	YRS.	MONTHS DA	YS HOURS	MIN.	(MO	05/11/	/24	Kei	(y)
	9e. FACILITY NAME (If not institution	, give si	treet and number)			96. CITY, TO	WN OR LOCAT	ION OF DE			_	NTY OF D	
OF	Memorial Hos	spi	tal at	Eastor	n	Eas	ton				Та	1bot	
DIRECTOR		COUNTY			_	Y, TOWN OR LO					1 4	100.	
E C			en Anne	1 ~									10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	Jue	en Anne	S		Cheste	101. ZIP COS						1 TYES 2 NO
R		-~	Law Dos	л							10g. CF1		WHAT COUNTRY?
FUNERAL	2611 Harri	nq	12. WAS DECEDEN		PHEN	12 400		1619					S.A.
4 4	1 Never Merried 2 Merried	d	FORCES? 1	YES 2	NO	If yes	s, specify Cub	en, Mexice	n, Puarte	ilN? (Specify Yee o Ricen, atc.)	or No-	Black	E — American Indian, k, White, etc.
ВУ	3)(Midowed 4 Divorced		WWI			1	YES 2 X NO	Specifi	Vi.			Spec	white
COMPLETED	15. DECEDENT' (Specify only highes	'S EDUC	CATION	16a D	ECEDENT'S	USUAL OCCU	PATION		16	86. KIND OF BUS	INESS/INC	DUSTRY	WILLCO
<u>—</u>	Elementary/Secondary (0-12)	1 grace	College (1-4 or 5	+)	B. Do NOT us	work done during se retired.)	s to	ore					self-
MP	11			Tax	Ass	sessor	/ ow	ner	(Q.A. C	ount	y/	employed
00	17. FATHER'S NAME (First, Middle, La									, Middle, Maiden			
BE	Oscar M. I	_	g							Hunt			
0	19e. INFORMANT'S NAME (Type/Print	'								mber, City or Town			
	Robins Jef	fe	rson	8	146 Th	nompsor	n Cree	k Ro					D 21666
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3	Remo	oval from State	20b. PLACE cemetary, cri		OF DISPOSITION	N (Name of		OA	TE 20c. LO	CATION -	City or To	wn, Stata QA Co.
	4 Donation 5 Other (Specify	1)		Steve	ensvi	lle Ce			1/10		vens	vill	e, Maryland
	21. SIGNATURE OF PUHERAL SERVI	ICE LIC	ENSEP 1			²² NAM	E AND ADDRE	SS OF FA	CILITY	Fune	ral	Hom	es, PA
	Homan	RI	Holl.	la :		106	Sha	mroc	k F	RD. Ch	este	r.	MD 21619
	23. PART I. Enter tha disease shock, or heart fsi IMMEDIATE CAUSE (Final disease or condition resulting in death)	s, or c ilura. L	omplications that List only one cau	t ceused tha dese on each line	eath. Do r	not entar the	moda of dy	ring, suci	h aa ca	rdiec or respi	ratory arr	reat,	Approximete interval Between Onset and Death
1 1				Can - A	CC	W.	M	Q X E	en	www	1		Huga.
	1		DUE TO	(OR AS A CONSE	OUENCE OF	P: (Dis	nen	exe	en	my	~		Typa.
NC	Sequentially list conditions.		b			ORS	M.	exe	e	y n			Typa.
ATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING	•	b	(OR AS A CONSE		ORS	M.	ele ut	e C)			Typa.
FICATION	if any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or injury		oue to	(OR AS A CONSE	OUENCE OF	n:	M. sev.	ex.	ec.)	_		Tyea.
RTIFICATION	if any, leading to immediata cause. Enter UNDERLYING		oue to		OUENCE OF	n:	nu sen	ele in	e C)			Tyea.
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		OUE TO OUE TO	(OR AS A CONSE	OUENCE OF	P):	M.	ex.	ec.)			Typa.
	If any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events	ditions	OUE TO OUE TO	(OR AS A CONSE	OUENCE OF	P):	ying cause	given in	Part I.	24s. WAS AN		24b.	WERE AUTOPSY FINDINGS
	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	ditions	OUE TO OUE TO	(OR AS A CONSE	OUENCE OF	P):	ying cause	given in	Part I.	PERFORI	MEO?	24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE
	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	ditions	OUE TO OUE TO	(OR AS A CONSE	OUENCE OF	P):	ying cause	given in	Part I.		MEO?	24b.	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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11190 85

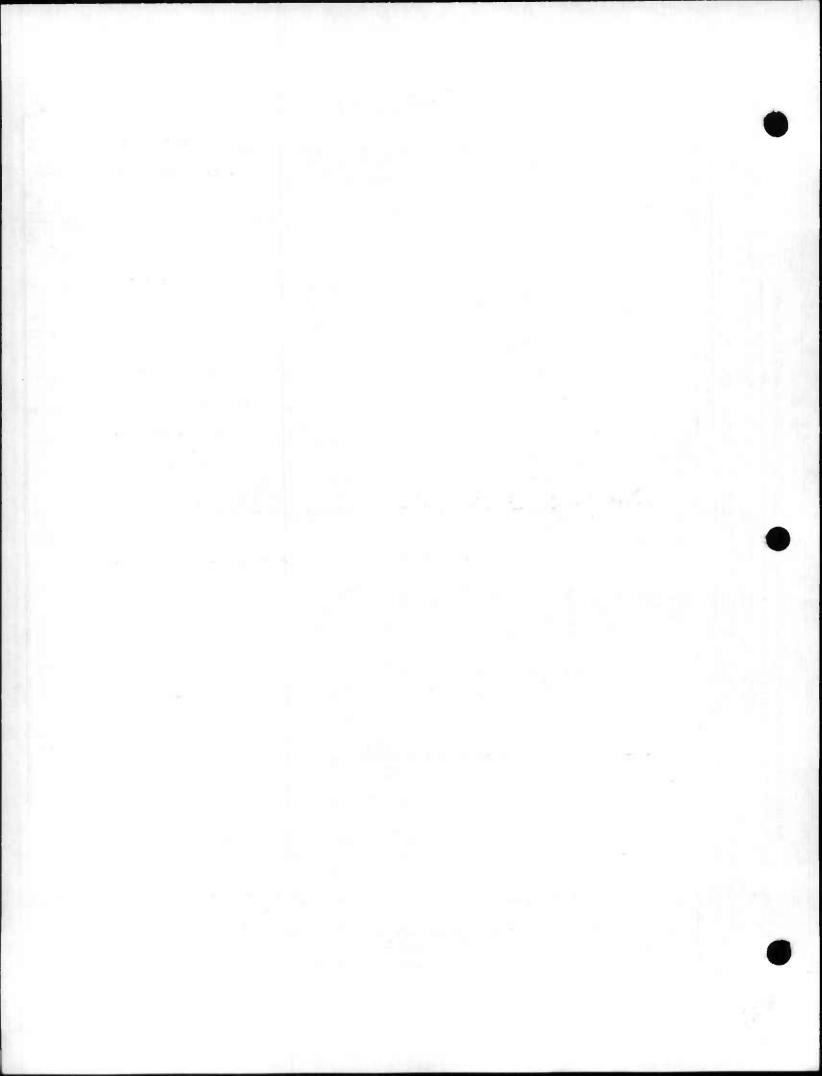
A Piles See

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIF	TMENT OF	HEALTH AND	MENT	AL HYGIEN REG. NO.	E 92.	-06	112)
		LSWORTH LEE				MON	E OF DEATH	23, 19	FAR	of DEATH	м
	4. SOCIAL SECURITY NUMBER 217-50-6164	1 🔀 M 2 🗆 F	E (In yrs. last birthday) 45 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mo	E OF BIRTH oth, Day, Year)		BIRTHPLACE (S Country) West V:		
œ	9a. FACILITY NAME (If not institution, give				OR LOCATION OF				Y OF DEATH		
CTO	Union Hospital	of Cecil Cour	nty	Elktor	1			Ceci	11		
DIRECTOR	100. STATE 10b. COUN Maryland Cec:			r, TOWN OR LOCA	TION				LIN	SIDE CITY AITS?	
	10e. STREET AND NUMBER			10	H. ZIP CODE			10g. CITIZE	N OF WHAT CO	ES 2 NO	_
FUNERAL	244 West Main St	reet			21921			U.S.A			
ВҰ	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 X YES IF YES, GIVE WAR OR Vietnam	S 2 NO	If yes, s	CENDENT OF HISP, pecity Cuben, Mexic S 2 K NO Spec	cen, Puerto	ilN? (Specify Yes o Ricen, etc.)	or No.— 14	RACE — Amer Black, White, Specify: Whi	etc.	
COMPLETED	15. DECEDENT'S ED (Specify only highest grad	UCATION le completed)	18e. DECEDENT'S	endr done during m	ON ost of working	16	Sb. KIND OF BUS	INESS/INDUS	TRY		
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	Labor				Constr	nctio	n		
OM	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First,	, Middle, Maiden :				-
BE (Elmer E.	Lee					anche M		_		
10	19a. INFORMANT'S NAME (Type/Print) Stephen A. Lee				and Number or Rura ain Stre				21921		
	20e. METHOD OF OISPOSITION 1 1 Burlel 2 Cremetion 3 Red 4 Donation 6 Other (Specify)	moval from State Cs	ob. PLACE AND DATEO smetery, cremetory or oth ilpin Man	F DISPOSITION (N har place) Or Memor	emaot rial Park	2-	26 20c. LOC 92 Elkt		y or Town, State		
	21. SIGNATURE OF FUNERAL SERVICE L		icks	22. HYEA 103	West St	ockt	Funeral	s, PA			
	23. PART i. Enter the diseases, or ahock, or heart failure	complications that cause. List only one cause on	ed the death. Do n	ot enter the mo	ode of dying, au	ich aa ca	rdlec or reapir	ratory arreal		proximate	
	iMMEDIATE CAUSE (Finel disease or condition resulting in death)	Massive	tour	te M	Yocaro	Gal	In	Save	Or	terval Betwe nset and De	
NO	Sequentially list conditions,	a Diwheter	Me	11, kus					İ		
CATI	If any, leading to immediate cause. Enter UNDERLYING	OUE TO (OR AS	A CONSEQUENCE OF):							
CERTIFICATION	CAUSE (Disease or injury that initiated eventa resulting in death) LAST	OUE TO (OR AS	A CONSEQUENCE OF) :							
	PART II. Other algnificant condition	na contributing to deeth	but not resulting in	the underlyin	g ceuse given is	n Part i	24s. WAS AN	umpev	Loss were au	JTOPSY FINDIN	
PHYSICIAN: MEDICAL	Diagetes	Melling	, Renal		lare		PERFORI	MED?	AMILABL	LE PRIOR TO	
. ME									1 🗆 YES	S 2 NO	
NAI	25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (C	check only o	one)				\dashv
SIC	1 YES 2 NO	HOSPITAL: 1 Inpetient 2 FER/Out		OTHER: 4 Nursing Horr	ne 5 🗆 Residenca	6 Oth	er (Specify)				
/ PH	27, MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28h TIME	OF 28c, IN.	JURY AT DRK? YES 2 NO		SCRIBE HOW IN	JURY OCCUR	ED		\neg
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide datarmined	28e. PLACE OF INJUR building, etc. (Spe	IY — Al home, larm, st			261. LO	CATION (Street er y or Town, State)	nd Number or i	Rural Route Num	ber,	\exists
PLEI	29e. CERTIFIER (Check only 1 CERTIFYING PHYS	SICIAN: To the best of my know	wiedge, death occurred	at the time, date	end place, and du	e to the ce	buse(e) and many	nor on stated			
COMPLETED	one) 2 MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFIE	ER: On the basis of examination	on end/or investigation	, in my opinion, d	leath occured at th	e time, dat	a and place, and	due to the co	ause(e) and mer	mer as stated.	
TO BE	autrus I	any 5 am			29c. LICENSE NO	35	13	≥ 2/	GNEO (Month, D	91. Year) 92	
	Autro Can	11 10	EATH (ITEM 27) (Type.	5 tree	et (ETH	tan 1	4/7	219	21	
	FEB 25 92	32. REGISTRAR'S SIGN									





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	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTA			MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
1	Mary EMILEY	7		L ang	ev		3 1992	04:35 A:M
	4. SOCIAL SECURITY NUMBER	7		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.1	BIRTHPLACE (State or Foreign Country)
	377-01-1171	1 🗆 M 2 😾 F	87 YRS.	NTHE DAYS	HOURS MIN.	2-4-1905		ARYLAND
	9a. FACILITY NAME (If not institution, give a	street and number)	90	b. CITY, TOWN C	R LOCATION OF DE	ATH	9c. COUNTY	OF DEATH
DIRECTOR	Physicians M	emorial Ho	spital	LaP1	ata .		Cha	arles
H H	10a. STATE 10b. COUNT	Y	10c. CITY, T	OWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?
5		HARLES	LA	PLATA	1			11 YES 2 NO
₹	10e. STREET AND NUMBER			101	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
ÿ.	202 WEST HAWT				20646			S.A.
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Married	12. WAS DECEDENT EVER II FORCES? 1 YES	X X NO	If yes, sp	ecify Cuban, Mexica	IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	s or No— 14.	RACE — American Indian, Black, White, etc.
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D.	ATÉS	1 TYES	2XXXVO Specify	r:		Specify: WHITE
	15. DECEDENT'S EDU	JCATION	16a. DECEDENT'S US	UAL OCCUPATION	N	16b. KIND OF BU	ISINESS/INDUST	
L .	(Specify only highest grade Elementery/Secondery (0-12)	College (1-4 or 5 +)	(Give kind of world life. Do NOT use n	k done during mo etired.)	st of working			
립	8th GRADE		TELEPHO	NE OPI	ERATOR	C &	P TELE	EPHONE
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maide	Surname)	
BE	SAMUEL L. WIL	LETT			MARY	ANN WINK	LER	
6	19e. INFORMANT'S NAME (Type/Print)					Route Number, City or To	vn, State, Zip Goo	(e)
F	FRANCIS NORBE	RT LANGLEY	SAME	AS # 3	. 0			
	20a, METHOD OF DISPOSITION VIVBuriel 2 Cremation 3 Ren		b. PLACE ANO OATE Of cemetary, crematory or	other place)			OCATION — City	
	Donation 5 Other (Specify)	S'	<u> L.JOSEPH</u>	S CEN	ETERY_	2 -25-92	POMERI	ET, MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	1	AREHA	D ADDRESS OF FA	CILITY ERAL HOM	F TNC	
	Michael	- U. Tegs	novel			RYLAND 2		
	23. PART I. Enter the diseases, or	complications that cause. List only one cause on e						, Approximate interval Between
	IMMEDIATE CAUSE (Finel	Clark Only Onla Cause On e	secii iiile.					Onset and Death
	disease or condition resulting in death)	a	20000	ima	0.			
		DUE TO (OR AS	A CONSEQUENCE OF):					
N	Sequentially list conditions,	b						
CERTIFICATION	if sny, lesding to immediate cause. Enter UNDERLYING	DUE TO (ON AS A	A CONSEQUENCE OF):					
2	CAUSE (Disease or Injury	C. DUE TO (OR AS	A CONSEQUENCE OF):					1
E	that initiated events resulting in death) LAST							
CEI		d						
AL	PART II. Other significant condition	na contributing to death i	but not resulting in	the underlyin	g cause given in	Part I. 24a. WAS A PERFO	N AUTOPSY PRMED?	24b, WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
DIC	Guen	-any H.	ready	deile	ens	1 YES	2 MO	OF DEATH?
MEDIC	Jag _	Como	Dea			_		1 TYES 2 NO
ÿ			0					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	10	26. P	LACE OF DEATH (Ch	neck only one)		
YS	1 TYES 2 NO	1 Inpatient 2 ER/Out	patient 3 DOA 4	☐ Nursing Hor		a Other (Specify)		
	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	286, TIME	AA MA	JURY AT DRK?	26d. DESCRIBE HOW	INJURY OCCUR	IEO
BY	2 Accident Investigation		Y — At home, farm, atn		YES 2 NO	281. LOCATION (Stree	and Mumber or	Quest Strate Marcher
ED	3 Suicide 6 Could not be 4 Homicide determined	building, atc. (Spe		set, factory, office		City or Town, Stat		noral route Norroes,
ET.	29e. CERTIFIER							
MPI	(Check only	SICIAN: To the best of my know						
COMPLETED	MEDICAL EXAMIN	VER: On the baels of examination	on and/or investigation,	in my opinion,				
BE	296. SIGNATURE AND TITLE OF CERTIFI	ER			29c. LICENSE NU		29d. DATE S	IGNED (Month, Day, Year)
10	1 X Q)	D259	92	5	53 145
	30. NAME AND ADDRESS-OF PERSON W							\ \ \
	Khadar Baig 31. DATE FILED (Month, Dey, Year)	22 DECISTRADE GIO		8 Hig	hway 30	1 North	LaPla	ta Md.20646
	STED 2 4 'Q7	Julia Norma	In Bondall					

IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 m. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dimentic be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	1 - FOR STATE REGISTRAR		STATE OF I	MARYLAND /	DEPAR					MENT	AL HYGIEN				
	1. DECEDENT'S NAME (First,						_ 0.	DEA		MON	E OF OEATH	W.	YEAR	3. TIME OF CEATH	
	ANNA		ELLE	LEWIS						FE	BRUARY	15 19	992	23:59	M
	4. SOCIAL SECURITY NUME 236-64-826	53	5. SEX	6. AGE (In yrs. la:	st birthday) YRS.	IF UNDER	DAYS	IF UNDE	MIN.	(Mo	e OF BIRTH nth, Day, Year) ct. 19,	192	Count	HPLACE (State or Forelity) MNey, WV	gn
	9a. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. CITY	y, TOWN	OR LOCAT	ION OF D			9c. COU			
DIRECTOR	SACRED HEA		SPITAL			С	UMBE	RLAN	D, M	D.		Al	LLEG	ANY	
M	10a. STATE	10b. COUNT	Υ		10c. CIT	Y, TOWN	OR LOCA	TION						10d. INSIDE CITY	
	WV 104. STREET AND NUMBER	H	ampshire		R	omne								1 YES 2 X NO	5
FUNERAL							10	f. ZIP COD				10g. CITI	ZEN OF	WHAT COUNTRY?	
9	Rt. 6, Bo	ox 63	B					267	757			U	S		
5	11. MARITAL STATUS		12. WAS DECEOEN	T EVER IN U.S. AF	RMED						IN? (Specify Yes	or No-	14. RAC	E — American Indian,	
	1 Never Married 2 💢		IF YES, GIVE V	YES 2 X	NO			ecify Cub			Ricen, atc.)		Blac	k, White, etc.	
B	3 Widowed 4 Divo	rced					T I TES	2 M HO	Specin	у.		_ 1	Spec	White	
S	15. OEC	EDENT'S EDU	CATION	18a. OF	CEDENT'S	USUAL O	CCUPATI	ON		14	Sb. KIND OF BUS	INECC IND			
E		/ highest grade		(G	ive kind of a	work done	during me	st of worki	ng	"	D. KIND OF BU	INESS/IND	USTHT		
7	Elementary/Secondary (0 NA	-12)	College (1-4 or 5	+)		_				- 1		Llorno			
×					Home	make	T					Home			
E COMPLETED	17. FATHER'S NAME (First, Michaeles T.		en								Middle, Maiden E. Pol				
O BE	19a. INFORMANT'S NAME (7)	ype/Print)		19	b. MAILING	AODRES	S (Street)	and Numbe	r or Burnl	Ocude No	mber, City or Town	- Ctata Tia	Carlol		
12	George L.	Lewis			Rt.							6757	COOR)		
	20e. METHOD OF DISPOSITI								10011						
	1 Duriel 2 X Crematio	n 3 🗆 Rem	oval from State	cemetery, cre				me of				CATION —			
	4 Donation 5 Other			Omps		atio	n Se	ervic	e 2	2/17	/92 Wi	nche:	ster	, VA	
	21. SIGNATURE OF FUNERAL	L SERVICE LIC	CENSEE	- //		22.	NAME A	NO ADDRE	SS OF FA	CILITY	230 E.	Main	st.	: Romney	
	D 11	-01	m	7 - 2		Sh	affe	er Fu	nera	al H	Ome			; Romney WV 2675	7
	DO DADTI E MINISTER	547)	. ////	igues		- 1								2010.	
ĺ	23. PART i. Enter the di	seeses, or o	complications the List only one cau	t coused the de	eth. Do r	not enter	the mo	de of dy	ing, suc	h es ce	rdiec or respi	retory srr	est,	Approximete	
	iMMEDIATE CAUSE (Findisease or condition resulting in death)		. End.	OR AGE A CONSE	M	eta	Ma	Tur	B	lla	of la	era	RON	Onset and D	
CERTIFICATION	Sequentially list condition if any, leading to immer cause. Enter UNDERLY! CAUSE (Disease or injuitate initiated events	diste NG	b. OUE TO	(OR AS A CONSEC	DUENCE OI	F):									
EI	resulting in desth) LAS	Т				,								İ	
9			d												
PHYSICIAN: MEDICAL	PART II. Other significe	nt condition	s contributing to	deeth but not r	esulting	n the ur	nderlyin	g couse	given in	Pert i.	24a. WAS AN PERFOR 1 YES 2	MED?	24b	. WERE AUTOPSY FIND AVAILABLE PRIOR TO COMPLETION DF CAU	
<u> </u>											1 120 2			OF DEATH?	
2														1 TES 2 NO	
AN	05 MMC 0105 DEFENDED TO														
2	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHE		ACE OF E	EATH (Ch	eck only o	one)				
S	1 YES 2 MO		1 Dispatient 2	ER/Outpetient 3	□ DOA	OTHE!		e 5 🗆 R	sidence	6 🗆 Oth	er (Specify)				
£	27. MANNER OF CEATH		28a. DATE OF		28b. TIM	E OF	28c. INJ	URY AT		_	SCRIBE HOW II	JURY OCC	UREO		
		Pending	(Month, D	lay, Year)	INJ	URY		PRK?	3 NO						
ă I		nyunlightion	20 21 205 0		L				_ NO						
<u>a</u>		Could not be	building,	F INJURY — At ho atc. (Specify)	me, term, s	streat, fact	lory, offic	•			CATION (Street a or Town, State)	nd Number	or Rural I	Route Number,	
E I	Star removes														
7	29a. CERTIFIER (Check only	IFYING PHYSI	CIAN: To the best of	my knowledge, de	eth occurr	d at the t	ime, date	and place	and due	to the co	usala) and man	nor so elet-	d .		
COMPLETED														i) end manner aa state	
8						my c	- prosperity C		INB	und, usi	arru prace, an	aue 10 fh	_ cause(1	ij who man/ler as state)cl.
BE	296. SIGNATURE AND TITLE	DECEMBER	100	11 000		29c, LICENSE NUMBER 29d, DATE SIGNI				SIGNED	(Month, Day, Year)				
2	30 NAME AND ADDRESS OF	DEDSON WAY	appl	1/11/	<u>ر</u>			Do	791	8,		• 0	2-	17-92	ø

925 BISHOP WALSH ROAD, CUMBERLAND, MD 21502

DR. GARY WAGONER M.D.,
31. DATE FILEO (Morth, Day, Year)

FEB 1 9 1992 South Dainy

use as the burial-transit permit. Pages 1, 2, 3 should ur attending physician. BALTIMORE, MARYLAND 21215-0020 ours after death. Page 6 may be retained by TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 Neous after death. Page 6 may be retained to THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

LETED BY FUNERAL DIRECTOR

TO BE

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR	STATE OF MARYLAND	O / DEPARTMENT OF		MENTAL HYGIENE REG. NO.	2 6	00113
1. OECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATN		3. TIME OF DEATH
Kennode, C	Louise			MONTH BAY	9 d	030 AM
4. SOCIAL SECONITY NUMBER	5. SEX 6. AGE (In yrs	lest birthday) IF UNDER 1 YEA	A IF UNDER 24 HRS.	7. DATE OF BURTH	10	HPLACE (State or Foreign
578.26-7500.	10 M 2 DF 7:	B YRS. MONTHS DAY	B HOURS MIN.	(Month, Day, Year)	Cour	
9a. FACILITY NAME (If not institution, give st	reet and number)	9b. CITY, TOV	N OR LOCATION OF D	EATN / /	9c. COUNTY OF	DEATH
HOLY MADES /	Vosp.	R	etver Ap	sing	mon	leomery
10a. STATE 10b. COUNTY		10c. CITY, TOWN OR LO	CATION			10d. INSIDE CITY
		Wash	NOTON,	D.C		LIMITS?
10a. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
1158 4 5	T, N.E-		200	02	4.5	, A.
11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S.		DECENDENT OF HISPAI	NIC ORIGIN? (Specify Yea o	r No- 14. RAC	E American Indian,
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2		Specify Cuban, Maxica (ES 2 NO Specif		Spe	
15. OECEOENT'S EDUC	ATION 16a	DECEDENT'S USUAL OCCUP	ITION	16b. KIND OF BUSIN	125	IACK
(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work done during life. Do NOT use retired.)	most of working	168, KIND OF BUSIF	IESS/INDUSTRY	
100	Contage (14 of 5+)	SECURITY	/	4.5.0	BOUT.	
17. FATHER'S NAME (First, Middle, Last)		/	18. MOTHER'S NA	ME (First, Middle, Melden Su	rname)	,
UN KNOW!			E372	EllE Qui	UNING	ham
19a. INFORMANT'S NAME (Type/Print)	/	19b. MAILING ADDRESS (Size	et and Number or Rural	Route Number, City or Town	State, Zip Code)	100
Edgar Kenn	edy	1158 4	ST. NIE	Wash.	A.C.	20007
20a METHOD OF DISPOSITION		CE AND DATE OF DISPOSITION	(Name of	OATE 20c. LOCA	~	
Donation 5 Other (Specify)	our index,	crematory or other place)	Lia/ Len	1. 2/14 Su	Han	1 Mb.
21. SIGNATURE OF FUNERAL SERVICE LICI	ENSEE IN	22. NAME	AND ADDRESS OF FA	CIUTY		1/11
> Willian	D. aller	_ /	11 BADT	REAS FUR	exal 1	TOME
23. PART I. Enter the diseases, or coahook, or heart failure. LimmEDIATE CAUSE (Final disease or condition resulting in death)	DUE TO (OR AS A CO)	i o helmen	em	est		Approximata interval Batween Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (OR AS A CON					
PART II Other elanificant conditions	something to death had a	A M t- A				
PART II. Other aignificant conditions	community to death but no	n resuming in the underly	nng ceuae given in	Part I. 24s, WAS AN AL PERFORMI		b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
				1 YES 2	(NO	COMPLETION OF CAUSE OF DEATH?
				′		1 _ YES 2 _ NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTHER:	PLACE OF OEATH (Ch	eck only one)		
1 TYES 2 NO	1 Anpatient 2 ER/Outpatient		ome 5 Residence	6 Other (Specify)		
27. MANNER OF DEATH Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	INJURY	INJURY AT WORK? YES 2 NO	28d. DEŞCRIBE NOW INJ	URY OCCURED	
2 Accident Investigation 3 Suicide & Could not be	28s. PLACE OF INJURY - AI			26f. LOCATION (Street and	Number or Rural	Poute Number
4 Nomicide 6 Could not be	building, atc. (Specify)	, , , , , , , , , , , , , , , , , , , ,		City or Town, State)	Tromber of Horer	rodie remosi,
	IAN: To the best of my knowledge,					s) and manner as stated,
296. SIGNATURE AND TURCE OF CENTIFIER	1	Min	29c. LICENSE NUI	MBER 2	9d. DATE SIGNE	D (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO	COMPRETED CAUSE ON DEATH (TEM TO CO- Dark	T D	1220	- 2/	10/12
	Thoroby	15 Sw.	noqueal	e of	Poten	~ M. 208
FEB 12 1992	Julia Davidson	-Randell	V			



	1. DECEDENT'S NAME (First, Middle, Last)	olle ESTE	CERTIFIC LLE LANE		DEATH	REG. NO.		3. TIME OF DEATH
1	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	18	BIRTHPLACE (State or Foreign
	215-14-4432	1 0 M 2 DP 8		HONTHS DAYS	HOURS MIN,	(Month, Day, Year)		Country)
	9e. FACILITY NAME (If not institution, give a	treet and number)		9b. CITY, TOWN	OR LOCATION OF DE		9c. COUNTY	MARYLAND OF DEATH
	ANNE ARUNDEL	MEDICAL C	ENTER	ΔΝΝΔΙ	POLIS		ANN	E ARUNDEL
i	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY			TOWN OR LOCA			AND	10d. INSIDE CITY
Section 1								LIMITS?
	MARYIAND ANN 100. STREET AND NUMBER	IE ARUNDEL	A	NNAPOI	DI. ZIP CODE		10g. CITIZE	OF WHAT COUNTRY?
	29 W. WASHINGT	ON ST AD	т 307		21401		т.	. S . A .
	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED		CENDENT OF HISPAN	IC ORIGIN? (Specify Yes		RACE — American Indian, Black, White, etc.
	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES	DATES		pecify Cuben, Mexicer S X NO Specify			Specify:
	15. DECEDENT'S EDU	CATION	The property of	IOUAL GOOUBLE	1011	16b, KIND OF BU		BLACK
	(Specify only highest grade	completed)	(Give kind of we life. Do NOT use	ork done durina m	iost of working	166. KIND OF BU	SINESS/INDUS	TRY
	Elementary/Secondary (0-12)	College (1-4 or 5+)		SEWIFE	3			
	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAI	ME (First, Middle, Maiden	Surname)	
	ISAAC FRANKLI	N			ELL	A GRAY		
	19a. INFORMANT'S NAME (Type/Print)					Soute Number, City or Tow		
ı	SHIRLEY JONES		751 0	MEARA	ST. SAN	DIEGO,	CA. 9	2114
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE 4, Please Complications that caus		REESI 821	AND ADDRESS OF FACE & SONS VEST ST.	MORTUAR ANNAPOL	Y, P.	D. 21401
	ahock, or heard feilure. IMMEDIATE CAUSE (Finei disease or condition resulting in death)	DUE 70 (OR AS	a CONSEQUENCE OF	i.	+ resp.	forlas	Ther	Interval Betwonset and D
	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS	A CONSEQUENCE OF): <i>(</i> ()				
	PART II. Other aignificant condition	_	1-	the underlying of the underlying	ng ceuse given in	Part I. 24a. WAS APPERFO	RMED?	24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HQSPITAL:			PLACE OF DEATH (Ch	eck only one)		
	1 YES 2 NO	1 Impatient 2 ER/O			me 5 🗆 Residence			
- 11	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJUR (Month, Day, Year) INJU	JRY V	VORK? YES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCU	RED
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJU building, etc. (S)	RY — At home, farm, s pecify)	treet, factory, off	lice	28f. LOCATION (Street City or Town, State	and Number or)	Rural Route Number,
	4 Homicide determined							
	29e. CERTIFIER (Check only open)	SICIAN: To the best of my kno						

21100 00

Pages

permit

medicai the other traumatic event. e has been signed by the attend e Dept. of Health and Mental Hi m 23 shows any Injury, or r this certificate has h with the State De arked, or Item 2

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06117 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 6. 9 AM 4 SOCIAL SECURITY HUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Year) 8. AGE (In yrs. last birthday) IF UNDER MYPAR IF UNDER 24 HRS. 1 M 2 KF YAS. eb 28 906 Maryland 9a. FACILITY HAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH WI SON DIRECTOR Montgomeny 10d. IHSIDE CHE 10c. CITY, TOWN OR LOCATION Maryland Montgomery Gaithersburg 1 X YES 2 NO FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEH OF WHAT COUNTRY? 301 Russell Avenue 20877 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2- NO 13. WAS DECENDENT OF HISPAHIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, While, etc. 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puerto Ri 1 YES 2 N HO Specify: IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced Specific White COMPLETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/IHDUSTRY (Specify only highest g Elementary/Secondary (0-12) College (1-4 or 5+) 12 Bookkeeper St. John's College notified at once. 17. FATHER'S HAME (First, Middle, Last) 16. MOTHER'S HAME (First, Middle, Maiden Surname) Thomas Sears Ida V. King BE 19a. IHFORMANT'S HAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Carolyn Thurber 17616 Mill Creek Dr., Derwood, MD 20855 e 20a, METHOD OF DISPOSITION

1 M Burlel 2 Cremetion 3 Rest 20b. PLACE AHD DATE OF DISPOSITION (Name of OATE 20c. LOCATIOH - City or Town, State must timore 4 🗆 Donation National 2/26/92 Baltimore, MD examiner 22. NAME AND ADDRESS OF FACILITY Taylor Funeral Chapel 21401 a en 147 Gloucester St., Annapolis, MD 23. FAUT I. Enter the displaces, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory errest, shock, or their fellure. List only one cause on each line. Approximate Interval Between **IMMEDIATE CAUSE (Final** Onset and Death disease or condition resulting in death) TO YOR AS A CONSEQUENCE OF CERTIFICATION Sequentially list conditions. DUE TO (OF) AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST 10 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE PERFORMED? 1 YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
Nursing Home 5 - Residence 6 - Other (Specify) 1 | Inpatient 2 | ER/Outpatient 3 | DOA 27. MAHHER OF DEATH 26s. DATE OF INJURY (Month, Day, Year) 28c. IHJURY AT WORK? is marked, 28d. DESCRIBE HOW INJURY OCCURED TO THE HOSPITAL ON AN INC.

TO THE FUNERAL DIRECTOR: After this
be fled within 72 hours after death wir 1 Natural
2 Accident 5 Pending BY 1 YES 2 HO 28e. PLACE OF JHJURY — Al home, farm, street, factory, office building, etc. (Specify) 3 Suicida 6 Could not be determined 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 4 Homicide 29s. CERTIFIER 1 Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMIHER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place.

NO

JAMES MOORE

5/

29d. OATE SIGNEO (Month, Day, Year)

5 4 7 27

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The forest of the second

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15-0020	lending physician.	as the burial-transit pe	
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or sending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for us as the burial-transit per legisly within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

Items: 2	3 part 1,	11,2/ per	MEO G-68	5 3/6/9	2 reb	
	STATE OF	MARYLAND /	DEPARTMENT	OF HEALTH	AND MENTAL	HYGIE
3			RTIFICATE			DEC N

	REGISTRAR		CERTIF	CATE OF	DEATH	REG	NO.		
	1. DECEDENT'S NAME (First, Middle, Last) RUSSELL	Α.		McCL	ANAHAN	2. DATE OF DEA	DAY	3. TIME OF DEATH 992 9:10 P	Э м
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	AE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT (Month, Day, Ve	H ar)	BIRTHPLACE (State or Foreig Country)	gn
	577-98-6456		29 YRS.			March 8,	1962	Washington, 1	D.C
œ	90. FACILITY NAME (If not institution, give at SHADY GROVE H)	,		96. CITY, TOWN ROCKV	OR LOCATION OF DI	EATH	Contract to	NTY OF OEATN	
2	RESIDENCE OF DECEDENT	JOITIAL		KUUKV	LLLE		MON.	TGOMERY	
입	10e. STATE 10b. COUNTY	,	IOC. CITY	TOWN OR LOCA	TION			10d, INSIDE CITY	
E I	Maryland Montg	gomery	1000	kville				LIMITS7)
BY FUNERAL DIRECTOR	620 Blandford St	•		10	1. ZIP CODE	0850		ZEN OF WHAT COUNTRY? U.S.A.	
5	11. MARITAL STATUS	12. WAS DECEDENT EVE		13. WAS DE	CENCENT OF HISPAI	NIC ORIGIN? (Speci		14. RACE — American Indian, Black, White, etc.	
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 _ YE IF YES, GIVE WAR OF		If yes, o	ecify Cuban, Mexica 2 NO Specif	m, Puerto Rican, et	E.)	Specify: White	
0	18 DECEDENT'S EDU								
E	(Specify only highest grade Elementary/Secondary (0-12)		(Give kind of w	ork done during m retired.)	ost of working				
3	12	College (1-4 or 6+)	Bind	er		Pr	intino	Company	
×	17. FATHER'S NAME (First, Middle, Last)			-	I			Company	
BE COMPLET	Ernest G. McC	lanahan Jr				Me (First, Middle, M M. VanW			
	19a, INFORMANT'S NAME (Type/Print)	zananan or,		ADOBESS (Street	and Number or Rural			0-11	
임	Alicia McClanahan				1 St., Roc				
	20e. METHOD OF DISPOSITION 1 Disposition 3 Remains 3 Rem		106. PLACE AND DATE O	F DISPOSITION (N				City or Town, State	
	4 Donation 5 Other (Specify)	Tom State	emetery, cremetory or ot ashington	herpiece) Nation:	al Cemete	ariv 2/17	/o2 Sui	tland, MD.	
	TO SHOULD BE FUNERAL SERVICE LI	ENGEE		22. NAME A	ND ACCRESS OF FA	CILITY			
	Brya 1	Neelbac	L	Rober	E. Wilh	nelm.Inc		Suitland Rd. and, MD.20746	ó
	23. PART I. Enter the disesses, or o	omplications that ceut	sed the deeth. Do n	ot enter the me	de of dying, suc	h ss cardiec or	respiratory sm	est, Approximats	_
	ahock, de leart feilure. IMMEDIATE CAUSE (Finsi disesse or condition	,	4				24.000.000	Interval Betw Onset and D	
	resulting in death)	Right ven	tricular o		a				
N.	Convention to the boardings)		,					
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	OUE TO (OR A	S A CONSEQUENCE OF):					
잂	CAUSE (Disease or Injury that Initiated events	OUE TO (OR A	S A CONSEQUENCE OF):					
ERI	resulting in death) LAST	ı							
10	PART II. Other algnificant condition	a contributing to deeth	but not resulting in	n the underlyin	g cause given in	Part I. 24s. W	S AN AUTOPSY	24b. WERE AUTOPSY FINDS	INGS
EDICAL	Obesity					PE	RFORMEO?	AVAILABLE PRIOR TO COMPLETION OF CAUS	
						1 1 980 V	ES 2 NO	OF DEATH?	
Σ								175CYES 2 NO	
¥	25. WAS CASE REFERRED TO MEDICAL			26. P	ACE OF DEATN (Ch	eck only one)			
PHYSICIAN:	EXAMINER?	HOSPITAL: 1 inpetient 2 in ER/O	ADO XX Treiteque	OTHER:	ne 6 🗆 Residence		-1		
Ξ	27. MANNER OF DEATH	28e. DATE OF INJUR	Y 26b. TIME	OF 28c, IN.	URY AT	28d. OESCRIBE N		CUREO	
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Yea	r) INJ		YES 2 NO				
	3 Suicide 6 Could not be	28e. PLACE OF INJU	RY — At home, ferm, s	treet, factory, offic	•	28f. LOCATION (S	treet and Number	or Rural Route Number,	
COMPLETED	4 Nomicide determined	building, etc. (S	pecny			City or Town,	State)		
립		CIAN: To the best of my kn							
충	one) 2 MEDICAL EXAMINE	R: On the basis of examina	tion and/or investigation	ı, in my opinion, o	leath occured at the	lime, date and place	e, end due lo the	e ceuse(s) and menner se state	ıd.
BE	296. MIGHETURE AND TITLE OF CERTIFIER	2			29c. LICENSE NUI	IBER	29d, DATE	E SIGNED (Month, Day, Year)	
2	MVYN	XV			O.C.M.	. E	02-	-23-1992	
-	30. NAME AND ACCRESS OF PERSON WHO	XON CAUSE OF			T BALT	IMORE.M	ARYLAN	ND 21201	
	31. DATE EILEO (Month, Day, Year)					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	MAR 4 1992	32. REGISTRAR'S SH	- Pandell						
	WIAR T 133C	4							

Just.

	1. DECEDENT'S NAME (First	, Middle, Last)			1	. 4				2. DATE OF	DEATH			TIME OF DEATH	
1	Barba	en 14	· Keny	L BAR.	hara	ME	cK:	NZit	9	MONTH Z	- 14	- 72	EAR	9-AM M	
	4. SOCIAL SECURITY NUM	BEA	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER		IF UNDER		7. DATE OF (Month, D	BIRTH	8.	BIRTHPLA Country)	CE (State or Foreign	
	217-34-3	305	1 - M 2 F	53	YRS.	MONTHS	DAYS	HOURS	MIN.	2 - 3	23-	38	Country)		
	9a. FACILITY NAME (If not it								OH OF DE			9c. COUNT	OF DEAT	1	
OR	5630	eum	ugton d	K		Re	uo	es	Succe	(NO		16	for	1	
5	RESIDENCE OF DE	10b. COUNT			1							- 1			
DIRECTOR					1	Y, TOWN O								LIMITS?	
	MD		ford		Havre de Grace							T		YES 2 NO	
FUNERAL							101	ZIP COD				10g. CITIZE		COUNTRY?	
NE	563 Penn:	ingto		NT EVER IN U.S. AR				210		for a restriction to			USA		
	1 Never Merried 2	Merried	FORCES?	YES 2 TH	IO IO	- 11	yes, sp	ecify Cubi	nn, Mexica	NIC ORIGIN? (in, Puerto Rici		s or No — 14	Black, W	American Indian, nite, etc.	
BY	3 Widowed 4 🔀 Dive	orced	IF YES, GIVE	MAR OR DATES		'	☐ YES	ZYĽ NO	Specify	у:			Specify:	lack	
0	15. DEC	EDENT'S EDU	CATION	16e. DE	CEDENT'S	USUAL OC	CUPATIO	ON .		16b. Ki	ND OF BU	SINESS/INDUS			
COMPLETED	Elementary/Secondary (ly highest grade 0-12)	College (1-4 or 5	+) (G	Do NOT u	work done d se retired.)	luring mo	ast of worki	ng						
AP.	10			ı	nurs	ing asst. hos						ital			
Ö	17. FATHER'S NAME (First, A	Aiddle, Last)						18. MOT	HER'S NA	ME (First, Mid	dle, Maiden	Surname)			
BE C	Morgan Joyner Sr.							An	nie	Swan	1				
TO B	19a, INFORMANT'S NAME (19	b. MAILING	ADDRESS	(Street a					rn, State, Zip C	ode)				
F	Mary Joyn	ner			563	Pen	nir	ngto	n A	ve Ha	vre	de G	race	, MD	
	20a. METHOD OF DISPOSIT	TION	novel from State	20b. PLACE of cemetary	AND DAT	E OF DISPO	SITION			DATE		CATION CH			
	4 Donation 5 Othe	r (Specify)	- 1	St	Jam	es					12-18 Havre de Grace M				
1	21. SIGNATURE OF FUNERA	NC SERVICE/S	CENSEE	//					SS OF FA						
	Mul.	111	all se	1								l Ser de Gr			
	23. PART I. Enter the o	fiseases, or	complications the	et caused the da	ath. Do									Approximate	
	ahock, or f iMMEDIATE CAUSE (Fi disease or condition resulting in death)	IMMEDIATE CAUSE (Fine) disease or condition Lindichius and Addition and Turolia Condition								interval Between Onset and Death					
CERTIFICATION	Sequentielly list condi- if any, leading to immediause. Enter UNDERLY CAUSE (Disease or inj- that initiated events resulting in death) LAS	ediate /iNG ury	b	O (OR AS A CONSE	OUENCE O								=		
MEDICAL	PART II. Other eignific		ns contributing to		reaulting	in the un	derlyin	g cause	given in		4e. WAS AP PERFO	1	CO OF	RE AUTOPSY FINDINGS. MLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED	TO MEDIA!													
C	EXAMINER?	IO MEDICAL	HOSPITAL:			OTHER	R:	1		heck only one)	_				
ΙλS	1X YES 2 NO		1 L Inpatient 2	ER/Outpetlant	28b, TII	1		JURY AT	lealdenca	6 Other (INJURY OCCU	OED.		
BY PH	\/	Pending Investigation	(Month.	Day, Year)	IN	JURY M	1 🗆	YES 2	□ NO						
	3 Suicide 6 4 Homicide	Could not be determined									Number,				
COMPLETED	and and		SICIAN: To the best of											d manner as stated.	
	29b. SIGNATURE AND TITL			A. L FA. 1	Bilda			DO- 11	ENSE NU	MBER		1			
B	Ruhan	ef.	Celfer,	MD MUL					0 //	194		1 2,	1141	192	
ш	Ruliau 30. NAME AND ADDRESS (OF PERSON W	Colfer HO COMPLETED CAL	MD	M 27) (Typ			P		194	h Cl		1141	192	

FEB 21 92

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

							92	06120
	1 - FOR STATE REGISTRAR	STATE OF MARYLA	AND / DEPART			IENTAL HYGIEN REG. NO		
	1. OECEDENT'S NAME (First, Middle, Lest) LESTER MAULD	Lester	Alfred	Mauldi	n	2. DATE OF DEATH DATE OF DAT		
	4. SOCIAL SECURITY NUMBER 215-40-0389	5. SEX 6. AGE (1)		IF UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS, HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) April 20		IRTHPLACE (State or Foreign ountry) Maryland
œ	9e. FACILITY NAME (If not institution, give s		9	b. CITY, TOWN C	R LOCATION OF DEA		9c. COUNTY (
OTO	THE JOHNS HOPK	INS HOSPITAL		BALTIMO	ORE CITY		BALT	IMORE
DIRECTOR		v Harford		town on locat avre de				10d. INSIDE CITY LIMITS? 1 2 YES 2 NO
FUNERAL	100. STREET AND NUMBER 100 Revolution S	Street			21078		10g. CITIZEN OUSA	OF WHAT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 XNO	If yes, spe	ENDENT OF HISPANIE ocify Cuban, Mexicon, 2 [XNO Specify:			RACE — American Indian, Black, White, etc. Specific. White
COMPLETED	15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(Give kind of wor Me. Do NOT use of Dish Wa	rk done during mo: retired.)	ON st of working	166. KIND OF BUS	siness/industr	
ш	17. FATHER'S NAME (First, Middle, Last) Lester Lafayette	Mauldin			18, MOTHER'S NAM Dorothy	E (First, Middle, Meiden Marie	Surname) McNeal	
TO B	190. INFORMANT'S NAME (Type/Print) Sharon M. Lynch		19Ь. MAILING A	odress (Street at	nd Number or Rural Ad Street,	Md. 2115	n State, Zip Code)
	20e. METHOO OF DISPOSITION 1 Burlel 2 Cremetion 3 Rem. 4 Donation 5 Other (Specify)	oval from State 20b.	PLACE AND DATE OF Very, cremetory or othe K. LAWN CE	DISPOSITION (National Property)		1	cation - city o	
	21. SIGNATURE OF FUNERAL SERVICE LIC			22. NAME AN	D ADDRESS OF FACE	UTY		
	Account K	Melson	100 11/	1317	okeshury	Road Ah	ingdon	Home, P.A. Md. 21009
	23. PART I. Enter the disasses, or c shock, or heart failure. IMMEDIATE CAUSE (Finel	complications that caused Liat only one cause on ae	the death. Do not ch lina.	anter tha mod	de of dying, such	ea cardiac or raspi	iratory arrest,	Approximata interval Between
	disease or condition resulting in death)	DUE TO (OR AS A	hage					Onset and Death 2/19/927/p
z	-	DUE TO (OR AS A	CONSECUTINCE OF):					219/927
AT 10	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF:					2/10/6-
FIC	CAUSE (Disease or Injury that initiated events	DUE TO (DRUS A)	горинациянся ого:	12	Α			2/19/12/
CERTIFICATION	resulting in death) LAST	. Congem	yar he	art o	lisease			51 years
PHYSICIAN: MEDICAL	Moonans Syndron Rheumatic K	a contributing to death bu we Carebral Part disea	t not resulting in	the underlying	ceuse given in P. R-fib,	art I. 24s. WAS AN PERFOR	IMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PL	ACE OF DEATH (Chec	k only one)		
YSI	1 U YES 2 NO	HOSPITAL:		THER: Nursing Home	5 Residence 8	Other (Specify)		
ВУ РЬ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	28b. TIME C	Y WOI		28d. DEŞCRIBE HOW II	NJURY OCCURE	,
	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY - building, etc. (Specif	At home, farm, stre	et, factory, office		281. LOCATION (Street e City or Town, Stelle)	and Number or Ru	rel Route Number,
COMPLETED		CIAN: To the best of my knowle						
E C0	296. SIGNATURE AND TITLE OF CERTIFIES		and investigation,	in my opinion, de	29c. LICENSE NUMB			ee(e) end menner es stated. NED (Month, Day, Year)
TO B6	JOUND Y	O COMPLETEO CAUSE OF DEA	TH (ITEM 27) (Type Pr	int)			Febru	my 20th 1992
	DAVID L-CROOL	KSM-D. Jol	1 ./ 4	ins Hex	P. Bal	timore	MD.	21205
j	31. DATE FILED (Month, Ony Year)	132 REGISTRANTS SIGNA	ANGOLO BLAN		/	7	-	/

. 1.

3. 1

	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Debt, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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	IL DR	L DIR	iten	
	OSPITA	Thin 7	NI.	1
	HEH	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ORTA	
	5	2 %	IN	-

	FOR STATE REGISTRAR	STATE OF	MARYLAND	/ DEPAI	RTMEN'	T OF	HEALTH	AND I	MENTA	L HYGIEN	E	92	06121
	1, DECEDENT'S NAME (First, Middle, Las	er)					D		2. DATE	OF DEATH		_	3. TIME OF DEATH
	Irene	н.		Mills	2				MONT	ruary		YEAR	madel
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.			R 1 YEAR	IF UNDE	R 24 HRS.	7. DATE	OF BIRTH	- 6.	992	HPLACE (State or Foreign
	577-24-8662-A	1 🗆 M 2 😡 F	78	YRS.	MONTHS	DAYS	-	MIN.	Mon	197191	2	Coun	st Virginia
	9a. FACILITY NAME (If not institution, give		7.0		ah CITY	TOWN	OR LOCAT	10N 05 DE		17/17		NTY OF	-
DIRECTOR	Southern Maryla		al				on M		EAIH				George
<u>n</u>	10a. STATE 10b. COUR	NTY		10c, CI1	ry, Town	OR LOC	ATION						10d, INSIDE CITY
E	Maryland Princ	ce George			.,			01:					LIMITS?
	10e. STREET AND NUMBER	e George					IOI. ZIP COD		nton				1 YES 2 XXNO
2	0211 84	(11-11)					OI. ZIP COD				-	IZEN OF	WHAT COUNTRY?
FUNERAL	9211 Stuart Lane	12. WAS DECEDEN	ton Nur	sing				207			USA		
	1 Never Married 2 Married	FORCES?	YES 2X	NO		It yes, t	specify Cubi	in, Maxicai	NIC ORIGIP In, Puerto	f? (Specify Yes Rican, etc.)	or No—	14. RAC Blac	E — American Indian, k, White, etc.
ВУ	3∑XWidowed 4 ☐ Divorced	IF YES, GIVE V	MAR OR DATES			1 YE	S 2 NO	Specify	y:			Bla	
O.	15. DECEDENT'S E	DUCATION	16a. l	DECEDENT'S	USUAL O	CCUPAT	HON		185	. KIND OF BUS	DINESS ON		CK
ET	(Specify only highest gra	College (1-4 or 5		(Give kind of life. Do NOT u	work done se retired.)	during r	nost of worki	ng	100	. KIND OF BU	SINE 33/INI	DOSTRI	
P	12	Conege (1-4 b) 3	"	Home	e Cor	nnar	nion			Dome	etic		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			Trom	001	праг	-	HED'S NAI	ME /Elect :	Middle, Maiden			
	Walter D Hay	mes						annie			Surriemej		
BE	19a. INFORMANT'S NAME (Type/Print)			19b MAILING	ADDRESS	S (Strap)				ber, City or Tow.	- 0	. 0. 4.	
5	Fred T Haynes									rk Md.			
	20a. METHOD OF DISPOSITION		20h DI AC	E AND DATE				a icome	-				
	1 Buriel 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from Stata	cemetery, c	crematory or o	ther plece)				DAT		CATION —		
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	- For	t Lin			AND ADDRE			5/92 B	rent	poor	Md.
	101/10	,9	-			NAME !	AND ADDRE	35 OF PAC	CILITY	3	401 1	Blad	densburg Rd.
	1. Clara	n dy			Fo	ort	Linc	oln 1	Fune:	ral Ho	me B	rent	wood Md.2072
CERTIFICATION	23. PART I. Enter the diseases, or shock, or haart failure immediate CAUSE (Final disease or condition resulting in desth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST	b	OR AS A CONS	EQUENCE O	f):					lota			Approximate Interval Between Onset and Death
2	PART II Other elemitionet condition												
PHYSICIAN: MEDICAL	PART II. Other algorificant condition	delusio	M .	resulting	in the un	nderlyli	ng cause (given in I	Part i.	24a. WAS AN PERFOR 1 YES 2	MED?	246	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 ☐ YES 2 1 NO
A S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. F	LACE OF D	EATH (Che	ick only on	9)			
Sic	1 YES 2 NO	HOSPITAL:	ER/Outpatient	3 19 DOA	OTHER		me 5 🗆 Re	sidence (8 Other	(Specify)			
£	27. MANNER OF DEATH	28a. DATE OF (Month, D	INJURY	28b, TJM	E OF	28c. IN	JURY AT			CRIBE HOW IN	JURY OCC	CURED	
ВУ	1 Natural 5 Pending 2 Accident Investigation		ay, rear)	INJ	M		YES 2] NO					
	3 Suicide 6 Could not be	28a. PLACE O	F INJURY — At I	home, term, s	straal, fact	ory, offi	ce		28f. LOC	ATION (Street a	nd Number	or Rural F	Toute Number
E	4 Homicide detarmined	bulleting,	etc. (Specify)						City	or Town, State)			
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHY	SICIAN: To the best of	my knowledge, o	death occurre	ed at the ti	lme, dat	a and place,	and dua t	to the cau	se(a) and men	ner aa stat	ed.	
S	one) 2 MEDICAL EXAMIN	VER: On the beals of a	xamination and/o	r Investigatio	n, in my o	pinion,	death occur	ed at the t	time, deta	and place, and	due to th	e cause(a) and manner as stated.
BE C	296. SIGNATURE AND TITLE OF CERTIFY	ER					2 ELICE	NSE NUM	BER		29d. DATI	E SIGNED	(Month, Day, Year)
	(/ pergusto / //	moves	MIS	7			42	17:	30	1	17	-8	-97)
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUS	SE OF DEATH (IT	ЕМ 27) (Туре,	Print)				, -			0	11
	Augusto P. Rodr	iguez, MD	5009	Raybu		t.,	Camp	Spr	ings	, Md.	2074	8	
	FEB 19 1992	32 ARGISTAN	HIS SIGNATURA	andell									



TO BE COMPLETED BY FUNERAL DIRECTOR

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache the filed within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	H	F 2	=

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year) FEB 19

1992

FOR STATE REGISTRAR		STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 92 0612							06122							
1. DECEDENT'S NAME (First,	, Middle, Last)										ATE OF DEATH	AY	YEAR	3. TIME OF DEATH		
			Joh	n M	cKee						4	5	92	10:15 Am		
4. SOCIAL SECURITY HUME	DER	5. SEX	8. AGE (In	yrs. las		F UNDER 1 YE		IF UNDER 24		7. D/	ATE OF BIRTH fonth, Day, Year)			HPLACE (State or Foreign		
		1 🔀 M 2 🗆 F			YRS.	ONTHS DA	YS	HOURS	MIN.	177	2 15 1	992	92 Maryland			
9a. FACILITY NAME (If not in	stitution, give s	treet and number)			9	b. CITY, TO	WN O	R LOCATION	OF DE	ATH		9c. COL	NTY OF E	DEATH		
PRINCE GET	DRGES	HOSPITA	AL C	EN	TER	CHE	VE	RLY	, N	10		PRIN	CE	GEORGES		
10a. STATE	10b. COUNT				10c. CITY,	TOWN OR L	OCATI	ON						10d. INSIDE CITY LIMITS?		
Maryland	Princ	e George	S		Во	wie								12 YES 2 NO		
10e. STREET AND NUMBER							10f.	ZIP CODE				10g. CI1	IZEN OF	WHAT COUNTRY?		
12422 Pop1	ar Vie	w Drive						2072	0			Uni	ted	States		
11. MARITAL STATUS		12. WAS DECEDER				13. WAS	DEC	NOENT OF	HISPAN	HC OR	IGIN? (Specify Yes	or No-	14. RAC	E American Indian.		
1 A Never Married 2		FORCES?			10			cify Cuban, 2 1 NO			rto Rican, etc.)		Spec	k, White, etc.		
3 Widowed 4 Divo	reed								ороспу	•			Spec	White		
15. DEC	EDENT'S EDU	CATION completed		16a. DE	CEDENT'S US	SUAL OCCU	PATIO	N t of working			16b. KIND OF BUS	SINESS/IN	DUSTRY			
Elementary/Secondary (0	1	College (1-4 or 5	+)	life.	Do NOT use i	retired.)	y mos	I or working								
17. FATHER'S NAME (First, M								18. MOTHE	R'S NAI	ME (Fi	rst, Middle, Maiden	Sumame)				
Richard S.	McKee							Ann	C.	Ca	asamento)				
19a. INFORMANT'S NAME (7				198	. MAILING A	DDRESS (St	reet ar	nd Number of	Rural A	Route A	lumber, City or Tow	n, State, Zi	p Code)			
Richard S.	McKee			1	2422	Popla	r	View 1	Dri	ve	Bowi	e Ma	ryla	nd 20720		
20a. METHOD OF DISPOSIT 1 Burial 2 Crematic 4 Donation 5 Other	n 3 🗆 Rem	oval from State			MODATE OF					1		cation – exan		own, Stata Virginia		
21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE						-		CHLITY	eral Hom			111811111		
Ruling	+ 5	5			P.											
nouel		, 00	un	2	1100									and 20715		
iMMEDIATE CAUSE (Fir disease or condition	eert failure.	complications the	ot coused use on each	the dech line	eth. Do not						neli	ratory ar	rest,	Approximate intervel Batween Onset and Death		
resulting in death)	,	DUE TO	(OR AS A	CONSEC	DUENCE OF):			/	1							
Sequentially list conditi	lons,	b	(00.40.4													
if any, leading to immediates. Enter UNDERLY	diate	DOE 10	(OR AS A	CONSEC	QUENCE OF):											
CAUSE (Disease or inju		C. DMF TO	/OR AS A (CONSEC	DUENCE OF:											
that initiated events resulting in death) LAS	т	332 10	(OII AO A	ONSEC	DENCE OF J.									İ		
		d														
PART II. Other significe	ent condition	e contributing to	deeth bu	t not r	esuiting in	the under	lying	cause giv	en in l	Pert i	24a. WAS AN PERFOR	IMED?	24t	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE		
											1 1 123 2			OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOCESTA					8. PL	CE OF DEA	TH (Che	ck onl	y one)					
1 TYES 2 NO		HOSPITAL:	ER/Outpet	tient 3		THER:	Home	5 🗆 Resk	denca	8 🗆 0	Other (Specify)					
27, MANNER OF DEATH		28a. DATE OF (Month, L			28b. TIME (IRY AT		28d.	DESCRIBE HOW I	NJURY OC	CURED			
	Pending investigation	(morali, L	way, roury		- Maur		WOF □ Y	ES 2 []	NO							
3 Sulcide 8	Could not be datarmined	28a. PLACE C building.	F INJURY -	– At ho	me, term, stre	et, tactory,	office				LOCATION (Street a City or Town, State)		r or Rural i	Route Number,		
29a. CERTIFIER										_						
(Check only		CIAN: To the best of a												a) and matters as stated.		
296. SIGNATURE AND TITLE	OF CENTIFIE	2/1)		,	-		T	29c. LICEN	SE NUM	BER	× 22	29d. DAT	E SIGNED	(Morgh, Day War)		
30. NAME AND ADDRESS OF	PERSON WIT	O COMPLETED CAN	W OF DEAD	DH OTTO	10	nicetti	\perp	DA	3	X	37	1	4/3	192		
The state of the s		1	7	or prints									/	1		

32. REGISTRAR'S SIGNATURE
Julia Dundson-Randall

3-5

and grant

REG. NO.

2. DATE OF DEATH

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

2	Pa	0	9
BALLIN	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Pay	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral of the filed within 72 hours after death with the State Dept. of Heath and Mental Hypiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examines
Ď	Pr d	Sal Be	8
	aff	PHO DE	100
	Pari	d in	a e
		TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the less filled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.	he
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<u>N</u>	É	S #	28
DIVISION OF VITAL HECORDS, P.O. BOX 13146,	NO.	DIRE	tem
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31. DATE FILED (Month, Day,

		4. sociál security number 578–32–4748	5. SEX 1	8. AGE (In yrs. les 84		ONTHS	YEAR DAYS	HOURE MIN	(M	TE OF BIRTH orith, Day, Year)	1907	Country)	ACE (State or Foreign ngton, D.C		
13		9a. FACILITY NAME (If not institution, gi	re street and number)		-	b. CITY, T	O MWO	R LOCATION OF		, 20, 1		ITY OF DEA			
	DIRECTOR	Anne Arundel Ho				Innap	oli	s		Lay	Anne	Arun	ıdel		
	E C	10a. STATE 10b. COU			10c. CITY,	TOWN OR	LOCATI	ON				10	Od. INSIDE CITY		
. 2	1 =	Maryland Ann	e Arundel		Chi	ircht	con		1	YES 2 NO					
permit.	4	10e. STREET AND NUMBER					101.	ZIP CODE		10g. CITI	ZEN OF WH.	AT COUNTRY?			
늉	EH CH	5610 Exeter St	reet					20733	}		U	S.A.			
WARYLAND 21203-3146 retained by the hospital or attending physician. 5 should be detached for use as the burial-transit	BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	NT EVER IN U.S. AR I YES 2XXI MAR OR DATES		11	yes, spe	ENDENT OF HIS city Cuban, Mer 2 NO Sp	xican, Puai	GIN? (Specify Ye to Rican, atc.)	res or No 14. RACE — American Indian, Black, White, etc. Specify: White				
O3-	ETED	15. DECEDENT'S I (Specify only highest gi		16a. DE	CEDENT'S U	SUAL OCC	UPATIO	N of working	-T	16b. KIND OF BU	SINESS/IND	USTRY			
212(spital or a	PLET	Elementary/Secondary (0-12)	College (1-4 or 5	Ma	cler	retired.)	nny mos	it of working		D.C. Go	vernm	ent			
NNC letach	ONCE.	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S	NAME (Fir	at, Middle, Meiden	Sumame)				
2 4 8	# 111	George Holst	en					Lilli	e M.	Ellis					
MARYLAND retained by the hosp 5 should be detache		19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State,											ate, Zip Code)		
M e ret		William F. Moore Jr. 5613 Carroll St. Churchton, MD. 2073													
ORE, ector, pag	must be	20s. METHOD OF DISPOSITION 1 Description Method Cremation Section Se	lemoval from State	20b. PLACE other pl	ace)			y 2	/18/		tland				
	examiner	HANDIATURE OF FUNERAL SERVICE			and Rd. MD. 20746										
6, within Jours spletely filled in the cremation, or rei	event, the medical	23. PART I. Enter the diseases shoot, or heart failu IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. AR	et coused the deuse on each line Terro S C O (OR AS A CONSE	LERIT								Approximete Interval Between Onset and Daeth		
13 and		Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b. DUE TO	O (OR AS A CONSE	QUENCE OF)	:									
O. BC certificat nding phy Hygiene p	or other	CAUSE (Disease or injury that initieted events resulting in deeth) LAST	DUE TO (OR AS A CONSEQUENCE OF):												
RECORDS, P. v requires that the death been signed by the atte. t. of Health and Merital	hows any injury, MEDICAL CE	PART II. Other eignificent condi	tiona contributing to	o deeth but not	reaulting in	the und	leriying	g ceuse given	n in Part		RMED?		WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
e s da	S S	25. WAS CASE REFERRED TO MEDICA	L				26. PI	ACE OF DEATH	Check on	h one)					
2 年 報報	Item	EXAMINER?	HOSPITAL:	ER/Outpetient	DOA!	OTHER					-				
OF VIT PHYSICIAN: this certifical with the Sta	ē 0.	27, MANNER OF DEATH 1 Natural 6 Pending	28a, DATE O		26b. TIME INJU	OF :	28c. INJ WO	URY AT	26d.	DESCRIBE HOW	INJURY OC	CURED			
ISION TTENDING TOR: After after death		2 Accident Investigati 3 Suicide 6 Could not 4 Homicide detarmine	be 28e. PLACE building	OF INJURY — At he	ome, farm, st				281,	LOCATION (Street City or Town, State	and Number	or Rural Ro	ute Number,		
DIVISION HOSPITAL OR ATTENCHUSPAL DIRECTOR: within 72 hours after	Teal Ide	CONDEN ONLY	HYSICIAN: To the best of										and manner as stated.		
HOS!	S M	The second was the second	wee 4.7								I				

COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) TEINFELD

Julia Savidson-Randalle

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

TOORF

92 06123

3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign Country)

c. Suitland, MD. 20746 Approximete Interval Between or reapiratory arrest, **Onset and Death** Disease 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE WAS AN AUTOPSY PERFORMED? YES 2 NO OF DEATH? 1 YES 2 NO eclfy) BE HOW INJURY OCCURED N (Street and Number or Rural Route Number, wn, State) CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. DHMH-16 Rev 1/89

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY VEAR 3. TIME OF DEATH								3. TIME OF DEATH				
					Bryant McDowell				2 11 /492			3:30 P M	
	d and a make (iii) is			6. AGE (In yrs. les	MONTHS DA		YS HOURS MIN.		(Month, Day, Year)		BIRTHPLACE (State or Foreign Country)		
	161-32-2556 1 M 2 M F 52 9a. FACILITY NAME (if not institution, give street and number)			THS.	YAS.			Feb 20, 1	939 HARRISBURG, PA				
R	GREATER LAUREL BELTSVILLE HOSPITAL				·ΛΤ	9b. CITY, TOWN OR LOCATION OF DEATH LAUREL			TH	9c. COUNTY OF DEATH			
DIRECTOR	RESIDENCE OF DEC	RESIDENCE OF DECEDENT				LAUREL				PRINCE GEORGE'S			
						10c. CITY, TOWN OR LOCATION				10d. INSIDE CITY LIMITS?			
	MARYLAND 100. STREET AND NUMBER	LAU	UREL				1 XYES 2 NO						
FUNERAL	9178 CHERRY LANE					101. ZIP CODE				10g. CITIZEN OF WHAT COUNTRY?			
S	11. MARITAL STATUS 12. WAS DECEDENT EVED IN U.S. ADMED				MED	20708 13. WAS DECENDENT OF HISPANIC ORIGIN? (Spec			OBIGIN2 (Specify Was	Ves or No.— 14. BACE — American Indian.			
BY F		1 Never Married 2 Married FORCES? 1 YES 2 NO				If yes, specify Cuben, Mexican, 1 ☐ YES 2 ▼ NO Specify:			Puarto Rican, etc.) Black, White,			, White, stc.	
	3 Widowed 4 Divo							ороспу.		Specify: BLK			
COMPLETED	(Specify only	EDENT'S EDU y highest grade	CATION completed)	(G/	ive kind of a	USUAL OCCUPA	TION most of workin	g	16b. KIND OF BUS	INESS/INDUS	TRY		
2	Elementary/Secondary (0)-12)	College (1-4 or 5 +	,	Do NOT US				DOI ESCENIE	-			
N	17. FATHER'S NAME (First, M.	liddle, Last)		INOU	SE W	LFE	10 11071	45D10 MANA	DOMESTI (E (First, Middle, Maiden :				
Ш	JOSEPH SPU	JGEON 1	BRYANT						ESS BUILE				
0	19a. INFORMANT'S NAME (7)			190	. MAILINO	ADDRESS (Stree			LISO DUILLEJ		ocle)		
2	HERBERT MCD	OWELL			9178				AUREL MD 2		,		
	28a. METHOD OF DISPOSITI	ION n 3 🗆 Rem	oval from State	20b. PLACE A	ND DATE	OF DISPOSITION	Name of			ATION - City	or To	wn, State	
	4 Dopation 5 Other	(Specify)		HARM	NY N	MEM CEM			2-17-92 1	ANDOV	ER.	MD	
	21. SIGNATURE OF FUNERA	L SERVICE LIC	CENSEE	01	7	22. NAME	AND ADORES	s of Fagil	B. JENKIN	NS FUN	ERA	L HOME	
	demm		- /lea	W X	1	7474	LANDO	OVER 1	RD, LANDOY	, LANDOVER MD 20785 ardiac or reapiratory arreat, Approximate			
CERTIFICATION	shock, of heart failure. List only and cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due to (or as a consequence of): Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Approximate interval Batween onject and Death Musulus Due to (or as a consequence of): C. Supulus Consequence of the place of the												
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b, WERE AUTOPSY FINDINGS												
MEDICAL					PERFORM	WAS AN AUTOPSY PERFORMEO? YES 2 WO		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO					
ä													
D C	25. WAS CASE REFERREO TO MEDICAL EXAMINER? HOSPITAL: OTHER:												
PHYSICIAN:	1 XYES 2 NO 1 Inpartient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)												
ВУ РН	1 Natural 5 Pending (Month, Day, Year) 296. INJURY AT 296. INJURY												
TED	3 Suicide 4 Homicide S Could not be determined S Could not be determined S Could not be determined S Could not be determined S Could not be determined S Could not be determined S Could not be determined S Could not be determined S Could not be determined S Could not be determined S Could not be determined												
COMPLETE	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEGICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.												
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER WILSON M.D. 296. LICENSE NUMBER 2861, DATE SHOWED/MOVING ONE, TOWN												
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (TYPN, Print) 4408 AT TOTAL												
	31. DATE FILED (MOND) Day 891 1992 32 HE THAN STORES PANDAGE												



DHMH-18 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Poble within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	should be detached for use as the burial-transit permit.
IMPORTANT, it item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	cotified at once.

	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH										
,	William Richard				1	ebruary 17 199		992 8:32 A M			
	4. SOCIAL SECURITY NUMBER		MARTTIN 8. AGE (In yrs. lest birthday)			IF UNDER	7. DATE OF BIRTH 8.		8. BIRTHPLACE (State or Foreign		
1	224-03-7697	1 M 2 DF 79		NONT	MONTHS DAYS		MIN.	(Month, Day, Year)	12	Roanoke, Va.	
N.	Se. FACILITY NAME (If not institution, give st	-	9b. CITY, TOWN			OR LOCATION OF DEATH		9c. COUNTY OF DEATH			
					Lanham				Prince George's		
5	RESIDENCE OF DECEDENT	Poctors Community Hospital RESIDENCE OF DECEDENT							Trunce beorge's		
DIRECTOR	10a. STATE 10b. COUNTY				VN OR LOCA					10d. INSIDE CITY LIMITS?	
	MD Prin	KI	ven	laly	9			1 X YES 2 NO			
4	10a. STREET AND NUMBER		101. ZIP CODE			10g. CIT	10g. CITIZEN OF WHAT COUNTRY?				
9 1	6716 treep		20737			7	U.S.A.				
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT, EVI			13. WAS DECENDENT OF HISPAN II yes, specify Cuben, Mexican				or No-	14. RACE — American Indian, Black, White, atc.	
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR O				2 -NO	Specify			Cnecky:	
	15. DECEDENT'S EDUC	ATION						Tour sees to a		White	
COMPLETED	(Specify only highest grade	completed)	16a. DECEDE (Give kin	NT'S USUA of of work de OT use retin	one during me	ON ost of workin	ng	16b. KIND OF BUS	HNESS/IN	DUSTRY	
2	12 Years 1	O Years	Engin		, , , , , , , , , , , , , , , , , , ,			Amazan	T 4 4	been Industrial	
N N	17. FATHER'S NAME (First, Middle, Last)	o rearb	LIIGH	CEL				ME (First, Middle, Maiden		tton Industries	
	Oscar L. Marttin							Hancock	Sumame)		
BE	19a. INFORMANT'S NAME (Type/Print)		10h MAI	LING ADDS	PECC / 2230			Route Number, City or Town	- Danta W	to Control	
2	Stella O. Marttin	(Wife)						Riverdale			
1			20h PLACE AND D	ATE OF DIS	POSITION /N/	ame of		0ATE 200 LO	CATION	City of Town State	
	20a. METHOD OF DISPOSITION 1/A Buriel 2 Oremation 3 Remo 4 Donation 5 Other (Specify)	val from State	cemetery, cremetor	Heav	en Cer	neter		2/20/92 5	112703	r Spring, Md.	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE)			22. NAME A	ND ADDRE	SS OF FAI	CILITY			
	NIM	1/1			Franc	is Ga	sch'	s Sons Fur		l Home, P.A.	
	/ Cut	return			4739 1	Balti	more	Ave. Hyat	tsvi	ille, Md. 20781	
	23. PART . Enter the diseases, or c shock, or heart failure. L	omplications that ceu- list only ona cause o	n each lina.	Do not ar	iter tha mo	da of dy	ing, suci	h aa cardiac or reapi	ratory sr	rest, Approximata Interval Between	
1	IMMEDIATE CAUSE (Final disease or condition	١.		. i						Onset and Death	
	resulting in desth)	myou	ardia		274	トびか	24			minuxes	
		A To	AS A CONSEQUENT	CE OF):	Ra.	1. 24	44	1 1 10			
CERTIFICATION	Sequentially list conditions, Due to (or as a consequence or): Due to (or as a consequence or): Due to (or as a consequence or): Due to (or as a consequence or):										
¥	If any, leading to immediate cause. Enter UNDERLYING										
트	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):										
토	resulting in death) LAST										
	PART II Coh a al-alfia a da a adula										
MEDICAL	PART II. Other algolficent conditions	contributing to deal	th but not result	ing in the	underlyin	g ceuse (given in	Part I. 24e. WAS AN PERFOR		AVAILABLE PRIOR TO	
ă						1 _ YES 2 NO		COMPLETION OF CAUSE OF DEATH?			
M								_		1 TYES 2 NO	
ż											
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTA		ACE OF D	EATH (Che	eck only one)			
YSI	1 YES 2 NO 1 Inpatient 2 R/Outpatient 3 DOA OTHER: 4 Nursing Home 5 Residence 8 Other (Specify)										
PHYSICIAN:	27. MANNER OF DEATH	TIME OF	OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED WORK?					CUREO			
B⊀	1 Newtural 5 Pending (Month, Day, Year) INJUR 2 Accident					M 1 YES 2 NO					
	3 Suicida 8 Could not be building, atc. (Specify)					eet, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				r or Rural Route Number,	
	4 Homicide determined City or lown, State)										
립	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, data and place, and due to the cause(a) and menner as stated.										
COMPLETED	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurse at the time, data and place, and due to the cause(a) and manner as stated.										
	29h GIONATURE AND TITLE OF CERTIFIER ASIN TO ME OF CAS 29c. LICENSE NUMBER 29d. DATE SIGNED (Morith, Day, Year)										
O BE	Saula (11)	re hil	018	1852 >2-17-92							
2	30. NAME AND AODRESS OF PERSON WHO	SOMPLETED CAUSE OF	DEATH (ITEM 27)	(Type, Print)						a . A	
	PAUL A DEVI	ORE ME	4202	Duce	4415	UNG	Rd	MYATAU	i 1/10	MD 20081	
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S S				, ,	- 1	5			
	FFB 18 1992 y	ula Davidson	gandall.								

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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital o	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for a filled within 72 hours after death with the State Dept. of Health and Mental Hydiera prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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PH	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the further silved within 72 hours after death with the State Dedt, of Health and Mental Hydiene briok to burial, cremation, or removal	arke
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TIE	CTOR	28
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TAL	PA S	H.
HOSP	UNE	AMT
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8	21	1

	1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Lest) MCLEan, John				2. DATE OF DEATH MONTH DA	DAY YEAR				
	4. SOCIAL SECURITY NUMBER 238-07-4913	5. SEX 1 M 2 F 6. AGE (In yrs. lest b	YRS. MONTHS DAY	'S HOURS MIN.	7. DATE OF BIRTN (Morth, Day, Year) 01-11-1	8. BIRTHE	N. C.			
TOR	9a. FACILITY NAME (If not institution, give a Meridian Nursi		96. CITY, TOW	CITY, TOWN OR LOCATION OF DEATH Silver Spring, MD P.G.						
DIRECTOR		Da. STATE 10b. COUNTY 10c. CITY,					10d. INSIDE CITY LIMITS? 1 X YES 2 NO			
FUNERAL	14404 Tarpon	Terr.		101. ZIP CODE 2090	4	10g. CITIZEN OF WI				
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARME FORCES? 1 YES 2 THO IF YES, GIVE WAR OR DATES	If yes,	DECENDENT OF NISPAN, specify Cuban, Maxicar		or No— 14. RACE Black, Specify	American Indian, White, etc. Black			
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 12th	completed) (Give	EDENT'S USUAL OCCUPI- kind of work done during to NOT use retired.)	ATION most of working	16b. KIND OF BUS	private	2			
BE COM	17. FATHER'S NAME (First, Middle, Lest) Cornelius Co	vington			ME (First, Middle, Maiden S line McL	Surname)				
TO B	19a. INFORMANT'S NAME (Type/Print) Janet Harris	196. 1	MAILING ADDRESS (Stree 404 Tarp	on Terr.	oute Number, City or Town, Silver	State, Zip Code) Spring	, MD 20904			
	20a. METNOD OF DISPOSITION 132 Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State 20b. PLACE ANI Competent orems MCCLE	d date of disposition	y Cemete	рате 20с. LOC ту 2/15/	ATION — City or Tow 92 Dut	nn, State			
	21. SIGNATURE OF SUNERAL SERVICE LIC	John Samu	lels 320	O R.I.Av	Funeral e., Mt.R	Home ainier,	MD 20712			
	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a	Sulmon	mode of dying, such	- 1	atory arrest,	Approximate interval Between Onset and Death			
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE TO (OR AS A CONSEQUENCE. DUE TO (OR AS A CONSEQUENCE.	ENCE OF):							
	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 24s. WAS AN AUTOPSY FINDINGS									
PHYSICIAN: MEDICAL	and any most contain	Commutating to death but not less	unung in the underly	ing cause given in I	Pert I. 24a. WAS AN A PERFORM	NED?	WERE AUTOPSY FINDINGS WALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? I YES 2 NO			
ICIAN	25. WAS CASE PERCENTED DIMEDICAL EXAMINER? HOSPITAL: OTHER:									
	27. MANNEH OF DEATN 1 Halurel 5 Pending Investigation	1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 28c.	INJURY AT WORK? YES 2 NO	3 Other (Specify) 28d. DESCRIBE NOW IN	INJURY OCCURED				
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Nomicide detarmined	28e. PLACE OF INJURY — At home building, etc. (Specify)	JURY — At home, farm, street, factory, office			28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLETED	29e. CERTIFIER Check only Check only Delta EXAMINER: On the bast of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. MEDICAL EXAMINER: On the basic of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.									
TO BE C	290. SIGNATURE AND TITLE OF CENTIFIES	M		29d. LICENSE NUMBER 29d. DATE SIGNED (Month, Dey, Ye) 2 10 92						
	30. NAME AND ADDRESS OF RESION WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)									
	31. DATE FILED MADRIT, Day, Your) FEB 12 1992 Julia Davidson-Randoll									

6	Discount
	permit.
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BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. If hem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

_										***	-0. 110.			
-	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH													
	Gertru	ide.		MONT	GOMERY	/				02	-	24	1991	10:06P M
	4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yrs		IF UNDE	R 1 YEAR	IF UNDER		7. DATE OF B	IRTN		6. BIRTHPI	ACE (State or Foreign
	186 09 0208	8	1 🗌 M 2 🖾 F	86	YRS.	MONTHS	DAYS	HOURS	MIN.	Feb. 2		06 Pennsylvania		wlwania
	90. FACILITY NAME (If not in	nstitution, give e	treet end number)				9b. CITY, TOWN OR LOCATION OF DEATH		. 1)(9c, COUNTY OF DEATH				
۳ ا	Doctors' C	ommuni	tv Hospi	tal	a.1 I.		Lanham			Prince Georges		orgas		
DIRECTOR	RESIDENCE OF DE	CEDENT						1121	Timee deorges					
#	10s. STATE 10b. COUNTY				10c. CIT	Y, TOWN	OR LOCA	TION					1	Od. INSIDE CITY
	Maryland	Princ	e George:	S	Bow	ie							1	KNES 2 NO
4	10e. STREET AND NUMBER				101. ZIP CODE				10g. CITIZEN OF WHAT			AT COUNTRY?		
FUNERAL	12622 Blac	kwe11	Lane					2071	.5			United States		tates
5	11. MARITAL STATUS	FOROTON 4				13.	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yes, specify Cuban, Mexican, Puerto Rican, etc.)			fes or No— 14. RACE — American Indian, Black, White, etc.		- American Indian,		
1 Never Married 2 Married FORCES? 1 YES 2 NO IF						2 NO		r:	1100		Specify:			
ě	3 🔀 Widowed 4 🗌 Dive				No					No				White
COMPLETED		EDENT'S EDUC ly highest grade		16a.	. OECEDENT'S (Give kind of	work done	during mo		ng	16b. KINI	OF BUS	INESS/IN	DUSTRY	
۳	Elementary/Secondary (I	0-12)	College (1-4 or 5+	•)	life. Do NOT us)							
₹	10				Cler	k							actur	er
	17. FATHER'S NAME (First, M									ME (First, Middle		Sumame)		
8	James L. C									Green				
2	19e. INFORMANT'S NAME (- 1						Route Number, Co				
	Barbara A.								ane	Bowie				
	20e. METHOD OF DISPOSIT		oval from State	cametery	CE AND DATE	ther niere	1			1			City or Town	No. of the contract of the con
4 Donation 5 Other (Specify) SS. Peter and Paul Cemete						etery 2/7/92 Springfield Pa.								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Beall-Evans Funeral Home, P.A.													
	hover	E. C	vans	1, 10	100/.									nd 20715
	23. PART i. Enter the d	iseasea, or c	omplications that	caused the	deeth. Do r	not ante	r the mo	de of dy	ing, suci	h as cardiac	or reapl	ratory ar	reat,	Approximata
	shock, or haart failura. List only pna cause on seci						~							intarval Between Onset and Death
	disease or condition	→	my	our	deal.	infarction					34.			
i	resulting in death)	disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any leading to immediate DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
z I			cv.	nnas	1 0	ath	ero:	scle	2005	15				
CERTIFICATION	Sequentially flat condit if any, leading to imme	diata	DUE TO	(OR AS A CON	ISEQUENCE O	F):								
<u>8</u>	cause. Enter UNDERLY CAUSE (Disease or inju		c											
느	that initiated events resulting in death) LAS	7	DUE TO	(OR AS A CON	ISEQUENCE OF	F):								
E	reading in death) LAS		d											
	PART ii. Other algolfica	ant condition	a contributing to	death but n	ot resulting	In the u	nderlyin	g ceuse (given in	Pari I. 24a.	WAS AN	AUTOPSY	24b. V	ZERE AUTOPSY FINDINGS
DICAL	conge	tive	hart	Sailer	ne.	ouce	influ	tons	cal	lacco	PERFOR	MED?	A	MAILABLE PRIOR TO OMPLETION OF CAUSE
NED	Short	1	Champi.	1 de	Lunt	- 1	. /		1444 0	1	YES 2	KNO	0	F DEATH?
	acute	- 1 Pag	patri	veer	- S	·V E	pure	- 41	1	- 147-14			1 '	□ YES 2 NO
AN	25. WAS CASE REFERRED T			uce u	mer	,	200	Sept	EATH #0	eck only one)				
SICIAN:	EXAMINER?		HOSPITAL:	ED/Outhorst -	2 000	OTHE	R:							
PHY	27. MANNER OF OEATN		28s. DATE OF		28b. TIM		28c, INJ		esidence	6 Other (Spe 28d. DESCRIB		HIBY OC	CURED	
	1 Natural 5	Pending	(Month, Di		INJ	IURY M	WC	PRK?	□NO	ZOG. DESCRIB	E NOW II	WONT OC	CONED	
B	2 Accident 3 Suicide	Investigation	28e. PLACE O	F INJURY — A	t home, farm,	street, fac				281. LOCATION	(Street e	nd Numbe	r or Rural Box	de Number
<u> </u>	4 Homicide	Could not be determined	building,	atc. (Specify)						City or Tov				
<u> </u>	29e. CERTIFIER . Norm	TIEVINO BUVOL	CIAN T AL A A											
COMPLETED			CIAN: To the best of											and menner as stated,
8											prace, em	u due to ti	ne cause(e) e	ma menner sa statea,
8	29b. SIGNATURE AND TITLE	OF CERTIFIER	IR +	-A THE	ndeny	11 hy	Sicun	29c. LICI	ENSE NUN	IBER		29d. DAT	TE SIGNEO (A	fonth, Day, Year)
2	30. NAME AND ADDRESS O	C/ t	Joele	lm	, 117,	U,		01	40				- 3 -	1 6
	David	F PERSON WH		,	(HEM 27) (Туре,	, Print)	1200		//	1 3	cui	e 1	nd.	20715
			Boetch		4,0,	14)00	64	11an	t to	× L	41.	#11	8
	31. DATE FILED (Month, Day,	™ 9 1002	32. REGISTRA	Davidson	n-Randa	22						,		

	_	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC	IENT OF HEALTH AN ATE OF DEATH		YGIENE EG. NO.		00128
		1. DECEDENT'S NAME (First, Middle, Last) M. Alecka	> Dai	Sy		2. DATE OF D	DAY 12. 9	YEAR 3. T	3.48 M
4		4. SOCIAL SECURITY NUMBER 251386087 99. FACILITY NAME (If not institution, give s.	1 🗆 M 2 📈 F	32 YRS. MOI	UNDER 1 YEAR IF UNDER 24 HR	JAS 2	9,1910	Country)	CE (Stele or Foreign
	DIRECTOR	SO. MALYII	AND HUS	PITAL	CLINTO	DEATH	, h	N/NC	1
permit. Pa		100. STATE 100. STREET AND NUMBER 100. STREET AND NUMBER			OWN OR LOCATION				INSIDE CITY LIMITS? YES 2 NO
ian. transit	FUNERAL	8909 CAHberra	Drive 12. WAS DECEDENT EVER IN		101. ZIP CODE 2073	0735 (COUNTRY?
21215-0020 al or attending physician for use as the burial-tra	ВҰ	1 Never Merried 2 Merried 3 Never Merried 4 Divorced	FORCES? 1 YES	2 -NO	13. WAS DECENDENT OF HIS If yes, specify Cuben, Me 1 YES 2 4-NO Sp	kicen, Puerto Rican,	atc.)	Black, Whi	American Indian, life, etc. BIACIT
	PLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondery (0-12)	CATION completed) College (1-4 or 5+)	160. DECEDENT'S USU (Give kind of work life. Do NOT use rec	done during most of working fred.)		OF BUSINESS/INDU		e S
MARYLAND 2 retained by the hospital 5 should be detached for notified at once.	BE COMPL	17. FATHER'S NAME (First, Middle, Last)	upont	01.100		NAME (First, Middle,			
	TO E	198. INFORMANT'S NAME (Type/Print) Delores Joha	5	196. MAILING ADD	PRESS (Street and Number or Ru	ral Roote Number, Cit	y or Town, State, Zip C	ode)	
FOR na e 6 ma rector, p		20a. MEPHOD OF DISPOSITION 1 Device 2 Cremation 3 Remo 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	cem	PLACE AND DATE OF DI Betery, cremetory or other p Colehah	Cenetery	2/17/12	Alexah	ly or Town, S dRIA,	itate VA,
		* Relog E.	True)		ALEXANDR	ANKLIN STR	22314		
24 flours filled in the son, or rest		23. PART I. Enter the diseases, or c shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	omplications that caused list only one cause on each	I the death. Do not each line.	nter the mode of dying, a	uch aa cardiac o	r respiratory arrea	it,	Approximate interval Between Onset and Death
	NO	Sequentially list conditions,	pr	CONSEQUENCE OF):					
BOX ificate be physician the prior to	if any, leading to immediate cause. Enter UNDERLYING		DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):					6	
0 4 5 7 5	CERTIF	resulting in death) LAST	Draf	hetes n	1				
CORC ires that the signed by tealth and teal	MEDICAL	PART II. Other significant conditions Syn Jureles	contributing to death by	ut not resulting in th	e underlying cause given	'	MAS AN AUTOPSY PERFORMED? YES 2 NO	AWAIL COMF OF DI	E AUTOPSY FINDINGS LABLE PRIOR TO PLETION DF CAUSE MEATH? YES 2 NO
VITAL RE AN: The law requiring the law requiring the law been in State Dept. of the law 23 should be state Dept.	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (Check only one)			
NG OF VIT, NG PHYSICIAN: Th frer this certificate eath with the State marked, or Iten	PHY	1 YES 2 NO 27. MANNER OF DEATH Natural 5 Pending	1 Inpatient 2 ER/Output 26e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	Nursing Home 5 Residence 28c. INJURY AT WORK?		HOW INJURY OCCU	RED	
DR ATTENDING I DIRECTOR: After hours after death item 28 is mail	TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide defermined	28e. PLACE OF INJURY building, stc. (Speci	— At home, ferm, street	M 1 YES 2 NO	28f. LOCATION City or Town	(Street and Number or , State)	Rural Route N	vumber,
DIVISION OF VITA FORTAL DR ATTENDING PHYSICIAN: The FUNERAL DIRECTOR: After this certificate in within 72 hours after death with the State D ANT: It item 28 is marked, or item	COMPLE	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	IAN: To the best of my knowle	edge, death occurred at and/or investigation, in	the time, data end place, end d my opinion, death occured at t	ue to the cause(e) a	nd menner as atated.	cause(e) end	manner es stated.
TO THE FUNERAL De filed within 72 h	TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	yeur)		29c. LICENSE N	UMBER		GIGNED (Monti	
		30. NAME AND ADDRESS OF PERSON WHO	Le 9/3/ Ks	cataway	Rd Clinto	in had	2073 3		
		LEBIN 1995 /	ula Tauldon Am	da 00			,		
		-FR - 0 1335 Ja					-		DHMH-16 Rev 1/89

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PITAL C	RAL D	72 hg	EHR
E HOSE	E FUNE	y withir	RTAN
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the	be filed	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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	1 - FOR STATE REGISTRAR	STATE OF MARYL		IENT OF HEALTH AN	D MENTAL	HYGIENE REG. NO.	06129	
	. DESCRIPTION NAME (First, Middle, Last)	Ethel *	М.	Miller	2. DATE (OF DEATH DAY	YEAR 3. TIME OF DEATH	
8		-			2	12 9	2 11:21 P.M.	
- 8	4. SOCIAL SECURITY NUMBER 579-12-4000	1.0	MO	UNDER 1 YEAR IF UNDER 24 HR	. (Month,	DE BIRTH Day, Year)	BIRTHPLACE (State or Foreign Country)	
	90. FACILITY NAME (If not institution, give s	41	71	CITY, TOWN OR LOCATION OF		21,1900	Maryland ITY OF DEATH	
DIRECTOR	- 11 00		SPITAL	Clinton			ICE GEORGE	
REC	10e. STATE 10b. COUNTY	10c. CITY, T	OWN OR LOCATION			10d. INSIDE CITY LIMITS?		
	Maryland Prin	Fo	rest Heights			1 TYES 2 NO		
FUNERAL	104. STREET AND NUMBER		10f. ZIP CODE		10g. CITIZ	ZEN OF WHAT COUNTRY?		
JNE	130- S. Huro	12. WAS DECEDENT EVER I	N U.S. ARMED	20747 IS, ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Ye			U.S.A. 14. RACE — American Indian,	
BY FL	1 Never Married 2 Married Married 2 Married Divorced	FORCES? 1 YES	2 X NO	If yes, specify Cuban, Mai 1 ☐ YES 2 ☒ NO Sp	rican, Puerto R	ican, etc.)	Black, White, etc. Specify: Caucasian	
ED	15. DECEDENT'S EDU (Specify only highest grade		18a. DECEDENT'S USI	JAL OCCUPATION	16b.	KIND OF BUSINESS/INDI		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use re	done during most of working tired.)				
MP	12th	N/A	Bureau	of Engraving			Covernment	
	17. FATHER'S NAME (First, Middle, Last)					liddle, Msiden Surname)		
BE	Somerset Robey 190. INFORMANT'S NAME (Type/Print)		106 4441 100 45	ORESS (Street and Number or Ru		lizabeth Ki		
2	Glen L. Hall					,	,	
	20a, METHOD OF DISPOSITION 1 A Burlel 2 Cremation 3 Rem	200	D. PLACE AND DATE OF D	almerston Son				
	1 X Buriel 2 Cremation 3 Rem		nelery, crematory or other	iscopal Ch. (2 15 °92	2		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	erend Tr	22. NAME AND ADDRESS OF	FACILITY T	Troresty	lle, Maryland	
	* Gerianno	1 Bota	_)	6633 Old Ale	xander Yander	Ferry Rd	Clinton, Md 2073	
	23. PART I. Enter the disesses, or o	complications that cause	d the death. Do not					
	shock, or heart fallura. IMMEDIATE CAUSE (Finel disesse or condition resulting in death)	a. BICA	TERAL A CONSEQUENCE OF:	PNEUL			Interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST							
SER		d						
PHYSICIAN: MEDICAL	PART II. Other significant condition	s contributing to death t	out not resulting in t	na underlying cause given		24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
2							1 TES 2 NO	
NA!	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF DEATH	(Check only one)		
Sic	1 TES 2 NO	HOSPITAL: 1 Minpetient 2 □ ER/Out		THER: □ Nursing Home 5 □ Residen	ce 8 🗆 Other	(Specify)		
BY PH	27. MANNER OF DEATH 1 Maturel 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF		28d. DESC	CRIBE NOW INJURY OCC	URED	
3 Suicide 8 Could not be determined determined determined						or Rural Route Number,		
COMPLET				the time, data and place, and a my opinion, death occured at			ed. a cause(e) and manner as stated.	
BE	296. SIGNATURE AND TITLE OF CERTIFIER		m	29c. LICENSE	NUMBER S	29d. DATE	SIGNED (Month, Day, Year)	
5	30. NAME AND ADDRESS OF PERSON WHO	SOTEKU	(2/8/8	OX ON HI	11 R	D. BODE	20745 MD	
	FEBI 4 199	2 32. REGISTRANSPORMS	IATURE Pandale			- 020/0	1.100	



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OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours efter death	NERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune
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	1 - STATE REGISTRAR	STATE OF MARY			OF DEAT		TAL HYGIENI REG. NO.	E	92	06130
	1. DECEDENT'S NAME (First Middle I a	eff	Julia (z Mil	lor		ATE OF DEATH	Y1.e	YEAR 3	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	(In yrs, last birthday)			24 HRS 7 D	ATE OF BIRTH	16	42	6150 A M
	579-64-5136	1 □ M 2 💢 F 7			AYS HOURS	MIN. (A	forth, Day, Year)	014	Country)	
	9a. FACILITY NAME (If not institution, gir	ve street and number)		96. CITY, TO	WN OR LOCATIO	ON OF DEATH	ril 14,1		Wash	ington, D.C.
S S	SOUTHERN M		NTEK	CI	INT	מש		PRI	NCE	-GEORGES
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COU		10c, CI	TY, TOWN OR I	OCATION				10	od. INSIDE CITY
8	Maryland Prin	nce George's	C	Linton						LIMITS?
A.	10e. STREET AND NUMBER			-	10f. ZIP CODE			10g. CITI		AT COUNTRY?
FUNERAL	8600 Mike Sh	napiro Drive			20	735			U.S	.A.
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	B 2 X NO	If yo	e, specity Cuber	F HISPANIC OF n, Mexican, Pua Specify:	HGIN? (Specify Yes into Rican, atc.)	or No—	Specify:	American Indian, white, etc.
	15. DECEDENT'S E (Specify only highest gr	EDUCATION rade completed)	16a. DECEDENT'S	S USUAL OCCL	PATION ng most of workin	,	166. KIND OF BUS	INESS/INC		151011
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT a	use retired.)			11-			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		Homema	iker	40. 14071	5010 11115 15	rsi, Middle, Malden	me		
	Mariano Teresi						C. Egra		0	- 1
BE	19a. INFORMANT'S NAME (Type/Print)	1	19b. MAILIN	G ADDRESS (S			Number, City or Town			
임	Mrs. Pat Upole		-4512	Colone	el Gard	iner C	t. Upper	Mar	lboro	, Md 20772
	20a METHOD OF DISPOSITION DESCRIPTION 2 GROUND 3 GROUND	emoval from State	ob. PLACE AND DATE	other plece)					City or Town	10000
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEL	Mt. Olive	et Ceme	HE AND ADDRES	S OF FACILITY	92 Wa		gton,	
	1//mtx	Motor le	,	663	3 Old :	Alevano	Lee Fun			ton, Md20735
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	AS A CONSEQUENCE OF): AS A CONSEQUENCE OF):					leg		interval Between Onset and Dasth
CAL CI	PART II. Other algolificant condit	tions contributing to death	but not resulting	In the unde	riying cause g	iven in Part	24a. WAS AN PERFOR		A	ERE AUTOPSY FINDINGS MILABLE PRIOR TO
PHYSICIAN: MEDI							1 TYES 2	□ NO	00	DMPLETION DF CAUSE F DEATH?
N S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		7	26. PLACE OF OR	EATH (Check on	ly one)			
YSI	1 - YES 2/X NO	16 Inpetient 2 - ER/Ou		OTHER:	Home 5 🗆 Re	sidence 6 🗆 (Other (Specify)			
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)		JURY	c. INJURY AT WORK?		DESCRIBE HOW IN	JURY OC	CURED	
	3 Suicide 6 Could not 4 Homicide determined		RY — At home, ferm, ecify)	street, fectory,	office		LOCATION (Street a City or Town, State)	nd Number	or Rural Rout	te Number,
COMPLETED		IYSICIAN: To the best of my kno								nd manner se stated
BE CC	296. SIGNAPORE AND TITLE OF CERTIF					NSE NUMBER	,			onth. Day, Year)
2	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF D	EATH (ITEM 27) (Typ	e, Print)	4 11	1751 Ox1	(1) LL'1	1	7/6/	71742
	31. DATE FILED (Month, Day, Year) FEB 20 199	2 32. REGISTRARIO SIG	NATURE Pandel	2	1/00	<u> </u>	w M	1 (F-	

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STATE	,	pe
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S. Contract	72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ry, or other traumatic event, the
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	1 - STATE REGISTRAR	STATE OF MA		TMENT OF HEALTH AND ICATE OF DEATH	MENTAL HYGIEN				
170	1. DECEDENT'S NAME (First, Middle, Last) MYRTLE MANNING				2. DATE OF DEATH	° 199	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest birthday)	IF UNDER 1 YEAR	7. DATE OF BIFTH		2 12:00 A M BIRTHPLACE (State or Foreign		
	240-88-8773	1 🗆 M 2 📡 F	44 YAS.	MONTHS DAYS HOURS MIN.	(Month. Day, Year) 09-7-4	747 N. C.			
OR	96. FACILITY NAME (If not institution, give s THE JOHNS HOPKI		L	96. CITY, TOWN OR LOCATION OF I	DEATH	9c. COUNTY OF DEATH BALTIMORE CITY			
ECT	RESIDENCE OF DECEDENT 10s. STATE 10b. COUNT								
DIRECTOR	=	-	C. 10d. INSIDE CITY LIMITS?						
FUNERAL	301 G Street and Number	et, S. W.	, #119	10f. ZIP CODE	20002	tog. CITIZEN	OF WHAT COUNTRY? USA		
B≺	11. MARITAL STATUS 1 Never Married 2 Merried 3 Divorced	12. WAS DECEDENT EX FORCES? 1 I	YES 2 X NO	13. WAS DECENDENT OF HISP/ If yes, specify Cuben, Maxic 1 YES 2 NO Specific No. Spe	ANIC ORIGIN? (Specify Yesen, Puerto Ricen, etc.)		RACE — American Indian, Black, Whits, etc. Specify: Black		
	15. DECEDENT'S EDU (Specify only highest grade	CATION completed	16a. DECEDENT'S	USUAL OCCUPATION	16b. KIND OF BU	SINESS/INDUST	TRY		
COMPLETED	(Specify only highest grade completed) College (1-4 or 5+) College (1-4 or 5+)					рт	rivate		
BE CON	17. FATHER'S NAME (First, Middle, Last) Geno Eley 18. MOTHER'S NAME (First, Middle, Meiden Surname) Jinnie Davis						İs		
TO E	196. INFORMANT'S NAME (Type/Print) Lonnie Manning 19b. MAILING ADDRESS (Street and Number or Party) Apute Number, City or Town, State, Zip Code) 301 G St., S.W.#119 Wash., D.C. 20002								
	206_PLACE AND DATE OF DISPOSITION DATE 20c. LOCATION — City or Town, State 2 Cremetery, cramatow or other place Bethleham Bapt. Church 2/23/92 Nash Cty. N. C.								
	21, SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	Decireita	22. NAME AND ADDRESS OF F	ACILITY	Nasi	i oty. N. O.		
1200	· John	- 4	anum	4	E.M. Di Mt. Ra	udley inier,	Funeral Hom MD 20712		
	23. PART i. Enter the diseases, or o	complications that ca	consider disease the con-	AL ALL	The second second				
	ahock, of heart fellure.	List only one couse	on eech iine.	ot enter the mode of dying, au	ch as cerdiac or reap	iratory arreat,			
	ahock, of heart fellure. IMMEDIATE CAUSE (Finel disease or condition	List only one ceuse	on each line.	ot enter the mode of dying, au	cn as cerdiac or reap	iratory arreat,	Approximate interval Between Onset and Death		
94	IMMEDIATE CAUSE (Fine)	e. Fulm	on eech line. AS A CONSEQUENCE OF	Kepatii Sta	ch as cerdiac or reap	iratory arreat,	Interval Between		
NC.	iMMEDIATE CAUSE (Finel disease or condition reaulting in deeth)	e. Fulm	inaut	Kepatii Sta	character reap	ratory arreat,	Interval Between		
ATION	iMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate	e. Fulm	inaut	Kepatii Sta	ch as cerdiac or reap	ratory arreat,	Interval Between Onset and Death 6 Welly		
IFICATION.	IMMEDIATE CAUSE (Finel disease or condition reaulting in deeth) Sequentially list conditions,	e. July one ceuse of the ceuse	inaut	Hepatii Aa B Infection	ch as cerdiac or reap	ratory arreat,	Interval Between		
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31. DATE FILED (Month, Day, York)

DHMH-18 Rev 1/89

FOR STATE REGISTR	AR
THEOLOTTE	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REGISTRAR		CERT	TIFICATE !	OF DEATH	REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last) DESTREE J MUR	DAV				2. DATE OF DEATH MONTH D	AY YEA	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER		AOF (1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-			Y	8 42	3:15 (PM		
	578-21-4216	1 M 2 K F	AGE (In yrs. lest birth		EAR IF UNDER 24 HRS. AYB HOURS MIN. 23	7. DATE OF BIRTH (Month, Day, Year) 6-11-9	C	INTHPLACE (State or Foreign ountry) ash., D.C.		
~	9e. FACILITY NAME (If not institution, give s	EATH	9c. COUNTY (OF DEATH						
DIRECTOR	THE JOHNS HOPKINS HOSPITAL BALTIMORE BALTIMORE CITY									
E	10a. STATE 10b. COUNT	4	OCATION	IOG. INSIDE CITY						
	D.C.		Washington				LIMITS?			
FUNERAL	119 Ridge Road					19	A.			
	11. MARITAL STATUS 1. Never Married 2 Married	12. WAS DECEDENT EV FORCES? 1 I				an, Puerto Rican, etc.)		ACE — American Indian, Black, White, atc.		
D BY	3 Widowed 4 Divorced			XX			Spe			
ETE	15. DECEOENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	completed)	16a. DECEDE (Give kin life. Do N	NT'S USUAL OCCU d of work done during OT use retired.)	PATION ng most of working	166. KINO OF BU	SINESS/INDUSTR	TY .		
COMPLETED	-0-	College (1-4 or 5+)	Neve	er Worke	d					
	17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Maiden				
BE	Gerald 190. INFORMANT'S NAME (Type/Print)	ford	Top MAI	ING ADDRESS (S		arlene Mur	•			
5	Charlene Murray	/mother	11	9 Ridge	Road, S.E.	#12 Wash	., DC 20	019		
	20a. METHOD OF DISPOSITION 1 N Burial 2 Cremation 3 Ram		20b. PLACE AND D. cametery, cramatory	ATE OF DISPOSITIO	N(Neme of ial Park	2/14/92		r Town, State		
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE /5	Harmon			Son Funera				
	Celaio 4	.24	ndel/80	ו מ				n.,D.C. 20020		
	23. PART I. Enter the diseases, or a shock, or heary fellure.	omplications that ca	used the death.	Do not anter the	moda of dying, auc	h ss cardiac or reapi	ratory arrest,	Approximate		
	IMMEDIATE CAUSE (Final			Enceph	alongthu	Bodin	Death.	Onset and Death		
	out to (on ASA consequence of): Brain Death 1- 30 hours									
NOI	Sequentially list conditions, our to (or as a consequence of): Sequentially list conditions our to (or as a consequence of):									
CERTIFICATION	CAUSE (Disease or Injury C. Fusible Acute Airway Obstruction 36 hors									
H	thet initiated eventa reaulting in death) LAST	d.	AS A CONSEQUENC	E OF):	/					
	PART II. Other significant condition	e contributing to dea	th but not result	ng in the under	lying cause given in	Part I. 24s. WAS AN	AUTOBEV			
EDICAL	Prematinity,	Chronic	1	Diseas.		PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE		
	Subalo Hic	Stemosis	S/p-	Tacheo	4		JANO	OF DEATH? 1 TYES 2 NO		
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL				/					
SICI	EXAMINER? 1 YES 2 XNO	HOSPITAL:	Controller 2 D	OTHER:	6. PLACE OF DEATH (Ch					
H	27. MANNER OF DEATH	28a. DATE OF INJU	JRY 28b.	TIME OF 280	Home 5 Residence	8 U Other (Specify) 28d. DESCRIBE HOW II	NJURY OCCURED	,		
BY F	1 Natural 5 Pending 2 Accident Investigation	(Month Day, Ye	FO A	7.1	WORK? ☐ FES 2 NO	WA				
	3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF INJ building, etc. (JURY — At home, fai (Specify)	rm, street, factory,	office	28f. LOCATION (Street a City or Town, State)	and Number or Ru	ral Route Number,		
E	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my k	rnowledge, death oc	curred at the time.	date and place, and due	to the councie) and mee	and an eleted			
COMPLETED	one) 2 MEDICAL EXAMINE	R: On the basis of axamir	nation and/or investig	gation, in my opini	on, death occured at the	time, date and place, en	d dua to the cau	ne(s) and manner as stated.		
BE	295. SIGNATURE AND TITLE OF CENTRIES		ICU Felf	h.)	29c. LICENSE NUM	MBER	29d. DATE SIGN	NED (Month, Day, Year)		
	30. NAME AND ADDRESS OF PERSON WHO	6.1			D3148	1) 1/0/20 5/	1/6	192		
	JOCETYNN LO	renzo, 1	1. D,	Pediat	Tic ICU,	MSC-7	John	is Hopkins		
	31. DATE FILETY (Month, Day, Year) FFR 2.1 1992	32. REGISTRARYS	SIGNATURE TO THE	less			-	Hospital		

burial-transit permit. Pages 1, 2, 3 should TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with; a frouts after death. Page 6 may be retained by the intended of the attending physician and completely filled in by the funeral director, page 5 should be detected within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to bunial, cremation, or removal.

IMPORTANT: If Nem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAN

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89

BALTIMORE, MARY CAND 24203-3146

BALI	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 yours after death	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funer has find within 20 hours after death with the State Death of Health and Mental Hooleine nincli to burial, cremation, or removal	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exam
**	after	Dy the	ical
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46	v bat	comp	e.
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	2	cian ior fr	De.
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S	TENE	DR:	00
≥	R AT	REC	E
	AL O	0 7	11 11
	SPIT	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the type and within 22 hours after death with the State Death of Health and Mental Hoolene prior to build, cremation, or removal	Ä
	E H	F FL	HTA
	10	100	MPC
	_	- 2	

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR STATE REGISTRAR	ATE OF MARYLAND	/ DEPARTI			MENTAL HYGIENI REG. NO.	E				
	1. DECEDENT'S NAME (First, Middle, Last)	rie Annette	Mitche	વા		2. DATE OF DEATH MONTH / 8/92	8 9	1.255 A M			
	4. SOCIAL SECURITY NUMBER 5. SE 183-22-4598 9a. FACILITY NAME (If not institution, give street one	M 2 X F	4 YRS.	DAYS L. CITY, TOWN	F UNDER 24 HRS. HOURS MIN. OR LOCATION OF DE	7. DATE OF BIRTH (Month, Day, Year) 3-22-27 ATH	C	OP DEATH			
TOR	Howard County Genera	<u>l Hospital</u>		Colum	bia		Howard				
DIRECTOR	Maryland Montgon			tonsvi				10d. INSIDE CITY LIMITS? 1 X YES 2 NO			
	10s. STREET AND NUMBER	iciy	Dui		I. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?			
ER/	3605 Dustin Road				20866		USA				
BY FUNERAL	1 Never Married 2 W Married FC	AS DECEDENT EVER IN U.S. ORCES? 1 YES 2 S YES, GIVE WAR OR DATES	ARMED XINO	If yes, s	CENDENT OF HISPAN pecify Cuben, Mexican S 2 NO Specify			RACE — American Indian, Black, White, etc. Specify: White			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade comple	ifed)	DECEDENT'S US (Give kind of worldle. Do NOT use r	k done during m		16b. KIND OF BUS	INESS/INDUST	RY			
PLE	12	lementery/Secondary (0-12) College (1-4 or 5+)									
SON	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAI	ME (First, Middle, Maiden					
BE	Andrew Sullivan 19a. INFORMANT'S NAME (Type/Print)		10b MAII ING AI	DDECG /Street		gnes Gavin		40)			
2	Thomas Mitchell					tonsville.					
	20e. METHOD OF DISPOSITION 0(XBurial 2 Cremetion 3 Removal for	om State 20b. PLA			emetery, cremetory or		CATION — City				
	Arlington National Cemetery Arlington, VA 21. BIONATURE OF TUNERAL SERVICE LICENSÉE 22. NAME AND ADDRESS OF FACILITY Fleck Funeral Home, Inc.										
	23. PART I Enter the diseases, or compil shock, or heart fellure. List or			antar tha m	oda of dying, suci	h as cardiac or reapi	ratory arrest,	Approximate Interval Between			
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	cerebral	and	oxia		U		Onset and Death			
NO	Sequentially list conditions,	DUE TO (OR AS A CON PES DIFE DUE TO (OR AS A CON	ory	911	est			hrs			
CERTIFICATION	If any, leeding to Immediate couse. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	Sudden DUE TO (OR AS A CON	card	iac	death /c	arrythm	14	nrs			
CAL CI	PART II. Other significant conditions con	tributing to death but no	ot resulting in	tha underlyi	ng cause given in			24b, WERE AUTOPSY FINDINGS			
DIC	Smoking					PERFOR		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
MEDI	Obesity		_			_		1 YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. 1	PLACE OF DEATH (Ch	eck only one)					
SIC		SPITAL: Inpatient 2 - ER/Outpatient		THER:	me 5 🗆 Residence	6 Other (Specify)					
	1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME	KY W	NURY AT PORK? YES 2 NO	26d. DEŞCRIBE HOW I	NJURY OCCUR	ED			
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — Albuilding, etc. (Specify)	I home, farm, str	eet, factory, off	ice	28f. LOCATION (Street (City or Town, State)		Rural Route Number,			
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and menner se stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and manner se stated.										
BE C	29b. SIGNATURE AND TITLE OF CENTURES	0			29c. LICENSE NUI	MBER	29d. DATE SI	GNED (Month, Dely, Year)			
TO B	SO NAME AND ADDRESS OF STREET, WILLIAM	L MD	TEM AT C	-/	238 2	52	0	3/08/92			
	And rew Farb, MD Howard Cty General Hospital										
	31. DATE FILED (Month, Day, Your) FEB 21 1992 June Day doon-Randelle										



201711 27

MARY LAND 21215-0020

rect		Ē
funeral di	within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to bunial, cremation, or removal.	IANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner m
n by the	removal.	edical e
filled i	tion, or	the m
mpleteh	, crema	event,
and co	to burial	matic
physicial	e prior	er trau
ending	Il Hygien	or oth
the att	d Menta	injury,
igned by	ealth an	rs any
been s	pt. of H	3 show
cate has	state De	item 2
s certifi	th the	10 'pe
After thi	death wi	marke
ECTOR:	s after i	n 28 is
AL DIR	72 hous	If iten
FUNER	within	IANT

	1 - STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT (F HEALTH AND I	MENTAL HYGIEN		
	1. OECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF OEATH
	WILLIAM MAIZE	SR.			2-18-	92	9:00 AM M
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In yrs. Inst			7. DATE OF BIRTH	0. B	HRTHPLACE (State or Foreign
	117-09-6475	1X M 2 □ F 82 ·	YRS. MONTHS D	AVS HOURS MIN.	2/06/1	C	renton, N.J.
	9a. FACILITY NAME (If not institution, give str	reet and number)	9b. CITY, TO	WN OR LOCATION OF DE	ATH	9c. COUNTY	OF DEATH
l R	314 Pemberton	Street	Uppe	r Marlbor	o, Md.	P.G.	•
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY						
Ë			10c. CITY, TOWN OR L				10d. INSIDE CITY LIMITS?
	Md P.	G.	Upper M	arlboro,	Md.		1 X YES 2 NO
HA H	314 Pemberton	Street		101. ZIP CODE 20772			OF WHAT COUNTRY?
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. ARI				USA	
	1_ Never Married 2 Married	FORCES? 1 TY YES 2 N IF YES, GIVE WAT OR DATES	IO If ye	DECENDENT OF HISPAN a, specify Cuban, Maxican	IC ORIGIN? (Specify Yes	B OF NO 14. F	RACE — American Indian, Black, Whita, atc.
B	3. Widowed 4 Divorced	IF YES, GIVE WAY OR DATES	1 🗆	YES 2 NO Specify	:	8	Specify: Black
	15. DECEDENT'S EDUC		CEDENT'S USUAL OCCU	PATION	16b. KIND OF BU	SINESS/INDUSTE	av .
1 1	(Specify only highest grade of Elementary/Secondary (0-12)		ve kind of work done during Do NOT use retired.)	g most of working			,,
1		+4 I.t/	Col Reti	red (Army) Unite	dState	e Army
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NAM	ME (First, Middle, Maiden	Surname)	-5 mmy
BE	Unobtainable			Unobt	ainable		
5	19a. INFORMANT'S NAME (Type/Print)	19b	. MAILING ADORESS (SI	reet and Number or Rural R	loute Number, City or Tow	n, Stete, Zip Code	9)
F	William Maize,	Jr. 3	14 Pembe:	rton Stre	et, Uppe	r Mar	lboro, Md.
	20a. METHOD OF DISPOSITION 1 Burial 2 Accommoden 3 Remo	20b. PLACEA	ND DATE OF DISPOSITIO	N (Name of	OATE 20c. LO	CATION - City of	or Town, Stata
	4 Donation D Other (Specify)	I I I e	es Crem	atory	Cli	nton,	Md
	21. SIGNATURE OF FUNERAL SERVICE LICE	MSEE 1/	22. NAN	E ANO ADDRESS OF FAC	CILITY	iicon,	riu.
	N/ (1010)	CI. Wes					Home, Inc.
\vdash	23. PART L Enter the diseases, or co	amplications that have do do do	9 1 16	61 Good H	ope Road	SE.	DC 20020
	and an insult langue.	list only one cause on each line.	ath. Do not enter the	mode of dying, such	as cardiac or reapi	ratory arrest,	Approximata interval Between
	iMMEDIATE CAUSE (Final disease or condition		/				Onset and Death
	resulting in death)	Metastatic		Cancer			
		DUE TO (OR AS A CONSEC	UENCE OF):				
CERTIFICATION	Sequentially list conditions, b.	OUE TO (OR AS A CONSEO	UENCE OFI				
1 X	if any, leading to immediata cause. Enter UNDERLYING						
Ē	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSECU	UENCE OF):				
E	resulting in death) LAST						
8	d.						-
AL	PART II. Other aignificant conditions	contributing to death but not re	suiting in the under	iying cause given in F			24b. WERE AUTOPSY FINDINGS
18					1 _ YES 2		AVAILABLE PRIOR TO COMPLETION OF CAUSE
A A						AL.	OF DEATH?
PHYSICIAN: MEDIC							
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		2	8. PLACE OF OEATH (Chec	ck only one)		
\Si		HOSPITAL: 1 Inpatiant 2 ER/Outpatient 3	□ DOA 4 □ Nursing	Home 5X Rasidence 8	Other (Specify)		
H	27. MANNER OF DEATH	28s. OATE OF INJURY (Month, Day, Year)			28d. OESCRIBE HOW II	NJURY OCCURED	,
BY	1 X Natural 5 Pending 2 Accident Investigation			YES 2 NO			
	3 Suicide 6 Could not be	26a. PLACE OF INJURY — At hom building, atc. (Specify)	ne, farm, street, factory,	offica	261. LOCATION (Street a	nd Number or Rui	ral Route Number,
	4 Homicide determined	and the control of th			City or Town, State)		
COMPLETED	29a. CERTIFIER (Check only	IAN: To the best of my knowledge, dear	th accurred at the time	data and place, and due to	- the country and		
M	one) 2 MEDICAL EXAMINER:	On the beals of examination and/or in	vestigation. In my point	one and piece, and due to	o the cause(a) and man	ner as stated.	arau reconscione
	290. SIGNATURE AND TITLE OF CERTIFIER	<u> </u>					
H	5.05	was	and	29c. LICENSE NUME			NED (Month, Day, Year)
임	NAME AND AODRESS OF PERSON WHO			D-33446		▶ 2/19	1/92
	FRANK T. WARD,	M.D. Hema	tology/0	ncology C	linic		
	31. DATE FILED (Month, Day, Year)	Walt	er Rood	rmy Medi	cal Cent	er Wa	sh DC20708
	FEB 21 1992	Gicha Davidson-	Mandell		_		
الـــــا	. 25 71 1002	0	*				
							OHMH-16 Rev 1/89

	1 - STATE REGISTRAR	STATE OF I	/ MARYLAND CI	DEPAR	RTMEN	T OF HEALT	H AND	MENTAL HYGIE			00.00
1	1. DECEDENT'S NAME (First, Middle, Last)	Ni	cholas	Tom		Marambar		2. DATE OF DEATH MONTH	DAY	YEAR	3. TIME OF DEATH 9: 45A.M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	U a III ol birthday)			ER 24 HRS.	7. DATE OF BIRTH	13	92 8 BIRTH	PLACE (State or Foreign
e 1	214-03-2856	1 X M 2 - F	73	YRS.	MONTHS	DAYS HOURS	MIN.	10-22-	-18	Countr	timore MD
	9a. FACILITY NAME (If not institution, give st					, TOWN OR LOCA		EATN		OUNTY OF D	
TO	Harbor Hospita	l Cente	r		BA	LTIMORE	M	ARYLAND.		C	ity
3EC	10a. STATE 10b. COUNTY	,		10c. CIT	Y, TOWN	OR LOCATION					10d. INSIDE CITY
D	Maryland Que	en Anne				Church	Hil	1			LIMITS?
FUNERAL DIRECTOR	10e. STREET AND NUMBER					101. ZIP CO			10g. (CITIZEN OF W	VHAT COUNTRY?
NE	Rt. 1 Box 13						1623			U.S.A	4.
	1 Never Married 2 Married	FORCES? 1	T EVER IN U.S. AR	MED ON		If yes, specify Cui	ben, Mexica	NIC ORIGIN? (Specify 1	fes or No-	14. RACE Black	— American Indian, , White, atc.
BY	3 🔀 Widowed 4 🗌 Divorced	IF YES, GIVE V	WII			1 TES 2 N	O Specify	y:		Spech	white
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DE	CEDENT'S	USUAL O	CCUPATION during most of wor	kina	16b. KIND OF B	USINESS/	INDUSTRY	WIIICE
7	Elementary/Secondary (0-12)	College (1-4 or 5	F)		-						
OMI	17. FATHER'S NAME (First, Middle, Last)		Ut	:111	ty I	Process		ME (First, Middle, Maid		llery	7
BE C	Nicholas Ja	mes Mu	rphy			18. 180		rence Ja		,	
TO B	19a. INFORMANT'S NAME (Type/Print)			b. MAILING	ADDRES	S (Street and Numb	er or Rural I	Route Number, City or To	own, State,	Zip Code)	
	Amelia C. Rob	oinson		Rt.	1 I	30x 134	1-G,	Church	Hil	l, MD	21623
	20a. METNOD OF DISPOSITION 1 XBurlal 2 Cramation 3 Remo	oval from State	cemetery, cre	MATERIAL MAT	OF DISPOS	SITION (Name of		DATE 20c. 1	OCATION	— City or To	wn, State
	4 ☐ Donation e ☐ Other (Specify) 21. SIGNATURE OF FINERAL SERVICE LIC	ENSEE 0	I MD V	<u>lete</u>	rans	Cemet	ery	1/16 Hu	rlo	ck, M	Maryland
	> Thomas 10	2/10	10.					oein Fun	eral	L Hom	es, PA
	23. PART I. Enter the diseases, or c	molications the	ullul	eth Do e	E	ox 5.	Chur	ch Hill	, MI	21	
	shock, or heart fellure. I	ist only one ceu	se on each line		iot einer	the mode of d	ying, suc	n as cardiac or ree	piratory	erreat,	Approximate interval Between
		Lun	s PA	Sa	VAOR	005 05	-11 %	INVASION	/	-	Onset and Death
		DUE TO	OR AS A CONSEC	DUENCE O	F):		-11 (IN O ILLI O PO	- GP		
NO	Sequentially list conditions,	Bloc	OR AS A CONSEC	4.	H	8mopt;	4515				
AT	If any, leading to immediate cause. Enter UNDERLYING	(O.	P. I)						
Ĕ	CAUSE (Disease or Injury that initiated events	DUE TO	(OR AS A CONSEC	DUENCE OF	F):		P-4	4			
CERTIFICATION	resulting in death) LAST		BSCESS		PI	CEUMO.	NIA	,			
CAL	PART II. Other aignificent conditions	contributing to	death but not re	eeulting	in the ur	derlying cause	given in	Pert I. 24e. WAS A			WERE AUTOPSY FINDINGS
								1 □ YES	PRMED?		AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ME									. –		t VES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL										
SICI	EXAMINER?	HOSPITAL:	ED/Ordenstant 2	_ nos	OTHER						
PHYSICIAN: MED	27. MANNER OF DEATN	28a. DATE OF	INJURY	28b. TIM	E OF	20c. INJURY AT	Residence	e Other (Specify) 2ed. DESCRIBE NOW	INJURY C	OCCURED	
BY F	1 Natural 5 Pending 2 Accident Investigation	(Month, Di	sy, Year)	INJ	URY M	WORK?	□ NO				
	3 Suicide 8 Could not be 4 Nomicide determined	28e. PLACE Of building,	F INJURY — At horate. (Specify)	me, farm, s	treet, fact	ory, office		281. LOCATION (Stree City or Town, State	t and Numb	ber or Rural Ro	oute Number,
E.	an organiza										
COMPLETED	(Check only	IAN: To the best of	my knowledge, de	eth occurre	d at the ti	me, data and plac	e, and due	to the cause(a) and m	enner ea s	itated.	
	2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER	On the basis of a	amination and/or i	rivestigatio	n, in my o						
#	no P	166					244	1614-34	29d. D.	ATE SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	E OF DEATH (ITEM	1 27) (Type,	Print)	1.,,	- / //	3.177		,	1970
	t1 1	4.6.									
	31. DATE FILED (Month, Day, Year)	-	R'S SIGNATURE	~							
	1 - 1.AN \$4 '9'	4	who Davids	on-pa	ndell						

use as the burial-transit permit, Pages 1, 2, 3 should or attending physician. MD 21215-0020 BALTIMORE, MARYL TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained TO THE FUNERAL DIRECTOR. After this certificate has been signed by the aftending physician and completely filled in by the funeral director, page 5 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89

CARLEY SKITTLES

Station (make the

be notified at once.

The Emity be retained by the hospital or attending physician.

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after the TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or remove IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical management of the country of the

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			NTAL HYGIEN		00136
	1. DECEDENT'S NAME (First, Middle, Last)				2.	DATE OF DEATH		3. TIME OF DEATH
	TAMES	Н.	m	UNSC	N, JR.	MONTH - 7	. 92 YEA	4.20 M
			840	UNDER 1 YEAR		DATE OF BIRTH (Month, Day, Year)	a. Bi	RTHPLACE (State or Foreign puntry)
	219-16-1026 9a. FACILITY NAME (If not institution, give street	1 M 2 F 7	5 YRS.	1000	HOONE MIN.	AUGUST 5.		ARYLAND
OR	SO MALY/AN		-	01	NTON		-	ICK- BEDA GES
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			OWN OR LOCAT	ION			10d. INSIDE CITY
뜸	MARYLAND PRINCE	GEORGE	ACCOL		1707			LIMITS?
AL	10e. STREET AND NUMBER		1110001		. ZIP CODE		10g. CITIZEN C	OF WHAT COUNTRY?
FUNERAL	P.O. BOX #401				20607		UNITED	STATES
	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 X NO	If yee, sp	ENDENT OF HISPANIC (acity Cuban, Mexican, P	ORIGIN? (Specify Yes	or No- 14, R	IACE American Indian, Back, White, etc.
В	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	ATES	1 🗆 YES	2 NO Specify:		s	becity: BLACK
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co	ITION ompleted)	16e. DECEDENT'S US (Give kind of work life. Do NOT use n	done during mo	DN st of working	16b. KIND OF BUS	SINESS/INDUSTR	Υ
2	7TH GRADE	College (1-4 or 5+) NONE	LABORER	area.)		DOTIL	m==	
8	17. FATHER'S NAME (First, Middle, Last)	NONE	LABURER		10. MOTHER'S NAME (PRIVA		
BE C	JAMES H. MUNSON, SR				MARY BUTT	.ER		
2	19a, INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street e	nd Number or Rural Floute		n, State, Zip Code)
-	CHARLES L. MUNSON				NS ROAD, M		20616	
i	20a. METHOD OF DISPOSITION 1 By Burlel 2 Cremellon 3 Remov 4 Donation 5 Other (Specify)	ral from Stale 20b.	PLACE AND DATE OF D letery, crematory or other ARMONY MEN	place)	1		CATION City o	
	21. SIGNATURE OF FUNERAL SERVICE LICE		ARMONI PIEP		ID ADDRESS OF FACILITY		IYATTSVI	LLE, MARYLAND
	LEON THORNTON	Fine The	wite	THORN	TON'S FINE	TOAT HOME	DOMON	KEY, MARYLAND
	23. PART I. Enter the diseases, or co	mplications that caused	I the death. Do not	entar tha mo	de of dying, such as	a cardiac or reapi	ratory arrest,	Approximata
	shock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition		JG C	Ans C	ER.			Interval Between Onset and Death
	resulting in death) a.		CONSEQUENCE OF):	4110				
Z	D. D.							
ATIC	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):					
FIC	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):					
CERTIFICATION	resulting in death) LAST			_				
AL CI	PART II. Other significant conditions	contributing to death be	ut not resulting in t	ha underlying	cause given in Pari	t I. 24a. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
	METASTA	TIC D	BEASE	TO	LIVER	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEDIC	ABDOMIN							OF DEATH? 1 YES 2 NO
Ž.								
)Sic		HOSPITAL:		THER:	ACE OF DEATH (Check of			
Ä	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME O	F 28c. INJ	PRY AT 28	d. DESCRIBE HOW II	NJURY OCCURED	
ВУ	Natural 5 Pending Accident Investigation	(Month, Day, Year)	INJURY	M 1 🗆 Y				
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— Al home, ferm, stree	et, lactory, office	281	LOCATION (Street a City or Town, State)	and Number or Ru	ral Route Number,
9	29a. CERTIFIER 1 CERTIFYING PHYSICI	AN: To the best of my knowl	edge, death occurred a	t the time date	and place, and due to II	ha assisa(a) and mar		
COMPLETED		On the basis of examination						se(s) end manner es stated.
BEC	29b. SICHATURE AND TITLE OF CERTIFIER	1	W>		29c. LICENSE NUMBER	2	29d. DATE SIGN	NED (Month, Day, Year)
10 B	- Company						•	
	30. NAME AND ADDRESS OF PERSON VIPO OF BENJE	COMPLETED CAUSE OF DE			D FD A	4102.C	LINTO	ELLOR GW'M
	31. DATE FILED (Money, 1987, 1944)	32. REGISTRAR'S SIGNA	ATURE HANDLESS					

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the attending physician and completely filled in by the ill Mental Hygiene prior to burlal, cremation, or removal.

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Pages 1, 2,

permit.

use as the burial-transit

executed within a HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate DIVISION OF VITAL

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Moeris N JUNIOR 7:55 PM 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 213-36-9804 02-04-1928 10 M 2 D F VA 9a. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Veterans Administration Hosp Baltimore Baltimore City RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10e. STATE 10b. COUNTY 10d. INSIDE CITY Allegany MD 1 YES 2 NO Cumberland 10a, STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 101. ZIP CODE 21502 Lot G 14201 Winchester Road SW USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 XYES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENOENT OF HISPANIC ORION? (Specify Yes or No-if yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 YES 2 W Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married Specify: BY 3 Widowed 4 Divorced Korean white. COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) retired steelworker 12 steel once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Elnora Shifflett Thornton Morris F BE notified 19a, INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mrs. Frances J. Morris Lot G 14201 Winchester Road SW Cumberland, MD 21502 Pe 200 METHOD OF DISPOSITION
1 Burlel 2 Cremetion 3 Rec 20b. PLACE AND DATE OF DISPOSITION (Name DATE 20c. LOCATION - City or Town, Stata must "Rocky" Gap Veterans Cemeter-21 Flintstone, MD 4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY examiner Scarpelli Funeral Home 23. PART / Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Cumberland, MD 21502 medical **Approximate** shock, or heart feliure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final the DO VO Peunic disease or condition resulting in deeth) event. DUE TO (OR AS A CONSEQUENCE OF) monary traumatic CERTIFICATION Sequentially list conditions, TO (OR AS A CONSEQUENCE if any, leading to immediate cause. Enter UNDERLYING side CAUSE (Diseese or injury other DUE TO ION AS A CONSEQUENCE OF that initiated events Sal resulting in deeth) LAST 0 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS 24a, WAS AN AUTOPSY MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? Caval any LYES 2 | NO Dath 1 TYES 2 NO s certificate has been si th the State Dept. of He id, or Item 23 show msterst Pulmonary PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) OTHER: 1 YES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27, MANNER, OF DEATH 8a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT 28d. OESCRIBE HOW INJURY OCCURED marked, 6 Pending Investigation 1 Natural M 1 YES 2 NO DIRECTOR: After the hours after death w BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined COMPLETED 4 🔲 Homicide 29e. CERTIFIER 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(a) end manner as stated. IMPORTANT: IF 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIONATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) BE N. GUV RIVERA-8118 16-92 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Baltinne, MO 3900 BLVD och Raven 32. REGISTRAR'S SIGNATURE

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at one

	1 - STATE REGISTRAR	STATE OF !	WARYL			ICAT!				MENT/	AL HYGIE REG. N	_		
	1. DECEDENT'S NAME (First, Middle, Last)	MOI HOWER									E OF DEATH	DAY_	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX		(In yrs. last	historiani	IF UNDE	L VCAR	- Inne		FEB	RUARY E OF BIRTH	1/,		08:45 A
	215 26 9829	1 XM 2 F	6		YRS.	MONTHS	DAYS	HOURS	MIN.	(Mor	th, Day, Year)	23	MAR	PLACE (State or Foreign YLAND
	9e. FACILITY NAME (If not institution, give s	treet end number)				9b. CITY	, TOWN (OR LOCAT	ION OF DE			_	UNTY OF D	
OR	SACRED HEART HOSP	'ITAL				CUM	BERI	AND				A	LLEGA	NY
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	,			10c. CIT	Y, TOWN	OR LOCAT	TION						10d. INSIDE CITY
DIR	MARYLAND AI	LLEGANY				MBER								LIMITS?
AL	10e. STREET AND NUMBER							. ZIP COD	E			10g. CI	ITIZEN OF V	WHAT COUNTRY?
FUNERAL	1814 FREDER	ICK STRE	EET					215	02				U.S.	Α.
J.	11. MARITAL STATUS 1 Never Merried 2 Married	12. WAS DECEDEN FORCES? 1	EVER I	N U.S. ARM	AED O	13.	WAS OEC	ENDENT (OF HISPAN	NC ORIG	IN? (Specify Y	es or No-	14. RACE Black	- American Indian,
BY	3 Widowed 4 Divorced	IF YES, GIVE V	MR'OR D						Specify		, , , , , , ,		Speci	
E	15. DECEDENT'S EDUCATION 16. DECEDENT'S USUAL OCCUPATION 16. MIND OF BUSINESS WAY OF BUSINESS													
LET	Elementary/Secondary (0-12) College (1-4 or 5+) Me. Do NOT use retired.)													
COMPL	12 INSURANCE SALESPERSON INSURANCE 17. FATHER'S NAME (First, Middle, Lest)													
	WILLIAM T. McI	LUCKIE						16. MOT	HER'S NA RUTH	DIC	Middle, Meide	n Sumame)		
O BE	19e. INFORMANT'S NAME (Type/Print)			19b.	MAILING	AODRES	S (Street e	nd Numbe	r or Rural I	Route Nur	nber, City or To	wn, State, 2	Zip Code)	
۴	MISS VIRGINIA N			18	314	FRE	DERI	CK	STRE	ET C	UMBERI	LAND	MARY	LAND 21502
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Remo	oval from State	20t	PLACE AI	ND DATE	OF DISPOS	SITION (Na	me of		OA	TE 20c. L	OCATION -	- City or To	wn, State
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	ENGE	- H	TLLCE	REST						2 CUI	MBERI	LAND 1	MARYLAND
	D19	M	1	_					ADAM		URERA	L HO	ME	
	Nale X.	Herri	10					DECA			EET		BERLAI	ND MD.
	23. PART i. Enter the diseases, or c shock, or heart failure. I	iomplications that List only ons cau	t causai se on a	d the daa sch lins.	ith. Do i	not antar	ths mo-	da of dy	ing, suc	h aa ca	rdiac or rea	piratory a	rrest,	Approximate interval Batween
	iMMEDIATE CAUSE (Final disease or condition	100	11/	0/	10-	-0	4	7 5	Par	, ,				Onset and Death
	resulting in death)	DUE TO	(OR AS	CONSEC	UENCE O	F):			-	4				1 44
Z	Sequentially list conditions,	· Ch	w	in	130	m	ch	Z						124
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A	CONSECU	UENCE O	Par		1	.0	1	Ma	45	ma	2004
FIC	CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A	CONSECU	UENCE OF	n:	70 90	CF CAC	000	6	7	Files	771-	209+
H	resulting in death) LAST	d.									one	wo	nati	
	PART ii. Other significant conditions	s contributing to	death h	ut not re	sultino.	in the un	dorlylas		elizan la	Don't	0			1
DICAL	Decupots		waatti b	at not is	outting	iii tila ui	derlying	t cansa i	givan in	Part I.		RMED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
MED	Demison										1 YES	2 NO		OF DEATH?
														1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						26. PL	ACE OF D	EATH (Che	ick only o	ne)			
YSI	1 TYES 2 NO	HOSPITAL:	ER/Outp	etlent 3	DOA	OTHER 4 Num		5 🗆 Re	sidence	8 🗆 Oth	er (Specify)			
F	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF (Month, D.			28b. TIM INJ	E OF URY	28c. INJU WO	RK?		28d. DE	SCRIBE HOW	INJURY O	CCURED	
ВУ	2 Accident Investigation	28e. PLACE O	F IN ILIRY	- At hom	o form	M does		ES 2 [NO					
COMPLETED	4 Homicide 8 Could not be	building,	etc. (Spec	elfy)	, 10iii, 1	minut, ract	ory, orne	·		C/ty	CATION (Street or Town, State	end Numbe	er or Rural A	oute Number,
PLE	29a. CERTIFIER (Check only	CIAN: To the best of	my know	ledge, deat	th occurre	ed at the ti	me, date	end piece	and due	to the ce	use(s) and me	oppor so et	ated	
MO	one) 2 MEDICAL EXAMINER	R: On the besis of ex	aminatio	n end/or In	veatigatio	n, in my o	pinion, de	ath occur	red at the	fime, date	e end place, e	nd due to	the couse(s)	end manner ee stated.
BEC	29h, SHORATURE AND TITLE OF CERTIFIER	11				902		29c. LICE	ENSE NUM	BER				(Month, Day, Year)
10	-1/9////			45		0		DC)7135	5		> -	2-18	3-92
	DD V PICENT MAZ						TON	DDTT	TE C	TIME	DT AND	M	2150	2
	DR. V. EUGENE MAZ	ZUUUU, M	· D · ,	DMG	, 91	Z DE	TON	DKT /	/E, (OUR	CKLAND	, MD	Z130	Z

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2	Pag	al dir		ner
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	24 hg	filled	00,00	he m
6	thin	etely	emati	nt, 1
TITLE NECONDS, T.O. BOX 86780,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the ho	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 abound be dead.	De filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
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	FOR STATE REGISTRAR	STATE OF MAR	YLAND /	DEPAR	TMENT OF	HEALTH A	ND ME	NTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)							DATE OF DEATH	AY	YEAR	3. TIME OF DEATH
	EDGAR 4. SOCIAL SECURITY NUMBER	C.			SMITH		FE	EBRUARY	17,199		3:58 A M
	214-07-2237 9e. FACILITY NAME (If not institution, give	1 [X]K2 □ F	NGE (In yrs. lest	YRS.	IF UNDER 1 YEA MONTHS DAY	HOURS	MIN,	DATE OF BIRTH (Morith, Day, Year) 09-18-1		Countr	MD
TOR	13317 Pansy St	,				BERLAN			9c. COUN		GANY
DIRECTOR	10e. STATE 10b. COUNT			100	y, town on Lo						10d. INSIDE CITY LIMITS? 1 YES 2 XX
FUNERAL	100. STREET AND NUMBER 13317 Pansy St				I	10f. ZIP CODE 2150	2				THAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 XX Verried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 MO If YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexicon, Puerto Rican, atc.) 14. RACE — American Black, White, atc. Specify:							ly:		
	15. DECEDENT'S EDU (Specify only highest grade	completed)	ATION 18e. DECEDENT'S USUAL OCCUPATION 18b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during most of working 18b. CANCT use 18b. CAN								white
COMPLETED	12 17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5 +)			servi	e dept				Cor	p (Textile)
ŏ	Ellis Messer	cemith						First, Middle, Meiden			
TO BE	19e. INFORMANT'S NAME (Type/Print)	. Sitt CI	19b.	MAILING	ADDRESS (Stre			la Bisho		Codel	
۲	Mrs. Isabel M.	Messersmit						W. Cumbe			21502
	204_METHOD OF DISPOSITION 1	ioval from State	20b. PLACE A	NDDATE	of disposition ther place) Buria	Name of		OATE 20c. LO	CATION C	City or To	
	21. SIGNATURE OF FUNERAL SERVICE LIN	Censee	M		SC Ct	arpell:	of Facility L Fun	eral Hom	ne		α _γ
	23. PARTY. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition	List only one cause o	n each line.		not entar the	node of dying	, such ss	cardiac or resp	iratory sm	est,	Approximats Interval Between Onset and Death
_	resulting in death)	DUE TO (OR)					AN				men
CATIO	Sequentisity list conditions, if sny, leading to immediate cause. Enter UNDERLYING	DUE TO (OR A	AS A CONSECU	JENCE OI	7):						
CERTIFICATION	CAUSE (Disease or Injury that Initiated aventa resulting in death) LAST		AS A CONSECU	JENCE OI	ገ :						1900
AL CI	PART II. Other aignificant condition	s contributing to deat	h but not re	aulting i	n tha undarly	ng csuse giv	en In Part	1. 24a. WAS AN		24b.	WERE AUTOPSY FINDINGS
EDIC								PERFOR	-		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ž											1 PYES 2 NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	Outpatient 3 (DOA	OTHER:	PLACE OF DEA					
	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJUI (Month, Day, Yea	RY	28b. TIM	E OF 28c.	NJURY AT YORK?	28d	DESCRIBE HOW I	NJURY OCC	URED	
TED BY	2 Accident Investigation 3 Suicide S Could not be determined	28e. PLACE OF INJI building, atc. (5	URY — At hom Specify)	e, farm, s		YES 2 N	_	LOCATION (Street of City or Town, Stete)	and Number o	or Rural R	oute Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSI	CIAN: To the best of my ki	nowledge, deat	th occurre	nd at the time, d	te end place, er	nd due to the	e cause(e) end mar	oner as state	d.	end manner so stated
	29b. SIGNATURE AND TITLE OF CERTIFIER					29c. LICENS					(Month, Day, Year)
TO BE		mo mo				D 19			▶ 2	115	7/92
	DR. JOHN T. WHIT	MORE/1068 N	IATION	AL H	IGHWAY,	LAVALE	,MD 2	1502			
	31. DATE FILE EB. 19. 9 1992	AZ REGISTRAR'S S	IGNATURE	22			-			_	

ALC: NO.

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

						2	C	00140
	for STATE REGISTRAR	STATE OF MARYLAND /		IT OF HEALTH AND E OF DEATH	MENTAL HYGIEI REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)	<i>-</i> ·	00		2. DATE OF DEATH	DAY YE	3. T	IME OF DEATH
	HOWARD	FRANCIS	17.	ooney			2	5 32 0 M
1 1	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. less		ER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLAC	E (State or Foreign
	067-05-0597	1 x M 2 □ F 87	YRS. MONTH	DAYS HOURS MIN.	02/20/04			more, MD
	9e. FACILITY NAME (If not institution, give str	reet and number)	9b. Cl	TY, TOWN OR LOCATION OF D		9c. COUNTY		
5	Crofton Convalesce	ent Center	C	cofton		Anne A	rund	e1
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY				-			
DIRECTOR		nce George's	Hyatts					INSIDE CITY LIMITS?
	Maryland Pri	ince deorge 3	nyaces	10f. ZIP CODE		10g. CITIZEN	13	YES 2 NO
FUNERAL	4400 Underwood St	reet		20782		U.S.		COUNTRY
3		12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 N	MED 1	3. WAS DECENDENT OF HISPA		ee or No— 14.	RACE - A	mericen Indien,
	I C HOUSE MESTING L . MOSTING	FORCES? 1 YES 2 N IF YES, GIVE WAR OR DATES	10	If yes, specify Cuban, Mexico 1 YES 2 X NO Specific			Black, Wh Specify:	
B A	3 Wildowed 4 Divorced							White
	15. DECEDENT'S EDUC (Specify only highest grade of	completed) (Gi	CEDENT'S USUAL	e during most of working	16b. KIND OF B	USINESS/INDUST	RY	
191	Elementary/Secondary (0-12)	College (1-4 or 5+)	. Do NOT use retired		0 - 1	V (o -	
COMPLETED	12	2	Civil En			n Map (٠٥٠	
	17. FATHER'S NAME (First, Middle, Last)	_			AME (First, Middle, Maide	n Sumame)		
H	Joseph A. Mooney,	7			a Smith			
2	19e. INFORMANT'S NAME (Type/Print)			iss (Street and Number or Aural nonston Road,				740
1. 1	Jane M. McCarl			Name of cemetery, crematory or		OCATION — City		
	20s. METHOD OF DISPOSITION 1X Burlet 2 Cremetton 3 Remo	oval from State 206. PLACE	incoln (emetery				
	4 Donation of ther (Specify)			2. NAME AND ADDRESS OF FA		rentwood	J, Mo	irytand
		75 () .	F	rancis Gasch	's Sons Fu			
	/ art /4.1	Drokauw		739 Baltimor				MD 20781
	23. PART I Enter the diseases, or cannot be about 19 abou	compileations that caused the de List only one couse on each line		er the mode of dying, su	ch es cerdiec or res	piratory arrest	,	Approximate Interval Between
	iMMEDIATE CAUSE (Final disease or condition	0		10 4 50	11110			Onset and Death
	resulting in desth)	a. On oll Str	N-C 1	1 Part For	nune			
		().	OUENCE OF):					
N N	Sequentially list conditions,	b. Thumon	OUENCE OF:	0 -	14 - \		—— <u> </u>	
AT	if any, leading to immediata cause. Enter UNDERLYING	Bilatona O	PIP	unal e	Husic	m.	İ	
윤	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CONSE	OUENCE OF):		{}	. 1		
CERTIFICATION	resulting in death) LAST	. Recent C	onoho	unal e	anac	cides	N	
U U			00/5					
A.	PART II. Other algnificant condition	e contributing to death but not i	resulting in the	underlying ceuse givan is		NN AUTOPSY ORMED?	AVA	RE AUTOPSY FINDINGS JLABLE PRIOR TO
MEDICAL	Gras110310	my stea	1100	Tune	1 TES	NA KIK		MPLETION OF CAUSE DEATH?
Z	Intection	, Janour	a V	rus710	romy		1 [YES 2 NO
ä	- V te	14-6						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	QTH	26. PLACE OF DEATH (C	heck only one)			
YS	1 VES 2 NO	1 Inpatient 2 ER/Outpatient 3	3 DOA 4 X	lursing Home 8 🗌 Residence				
	27. MANNER OF DEATH 1 Netural 5 Pending	(Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DESCRIBE HOV	V INJURY OCCUR	IEO	
B	2 Accident Investigation	28s. PLACE OF INJURY — At he	ome form street	1 YES 2 NO	28f. LOCATION (Street	at and Number or	Burni Boudu	Number
	3 Suictde 8 Could not be 4 Homicide determined	building, etc. (Specify)	ome, raim, audec,	ecicity, cinica	City or Town, Sta		Tional Tional	, reaction,
9	29e. CERTIFIER					ter the		
COMPLETED	(Check only	ICIAN: To the best of my knowledge, de						d manner ee stated
8	2 MEDICAL EXAMINE	ER: On the beele of examination end/or	veaugation, in n					
BE	296. SIGNATURE AND TITLE OF CERTIFIER	an on a	MI	29c. LICENSE N	JMBER CO	29d. DATE S	IGNED (Mo	nth, Day, Year)
0	147081	WIVI	11.17		DIOX	1 2	14	142

20715

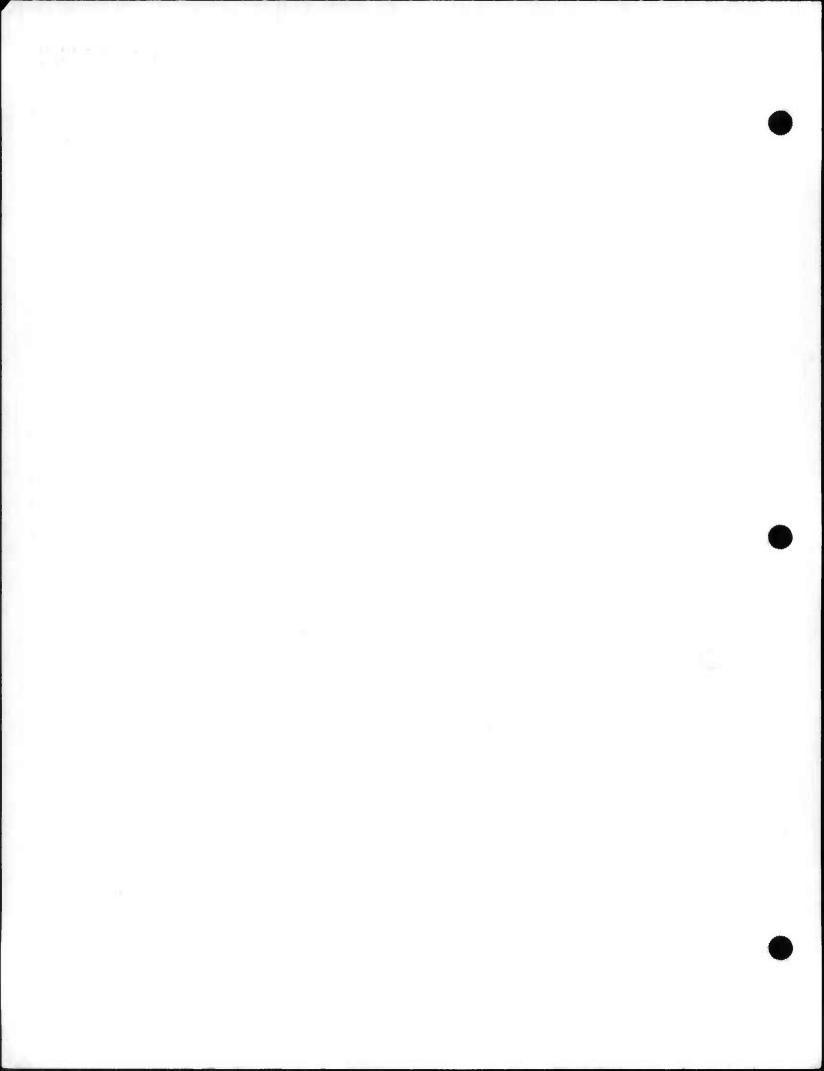
M.D.

1992

Rakesh Arora,

FEB 1

14300 Gallant Fox Lane, #222 Bowie, Maryland
32 Hegistryn's signature Pandell



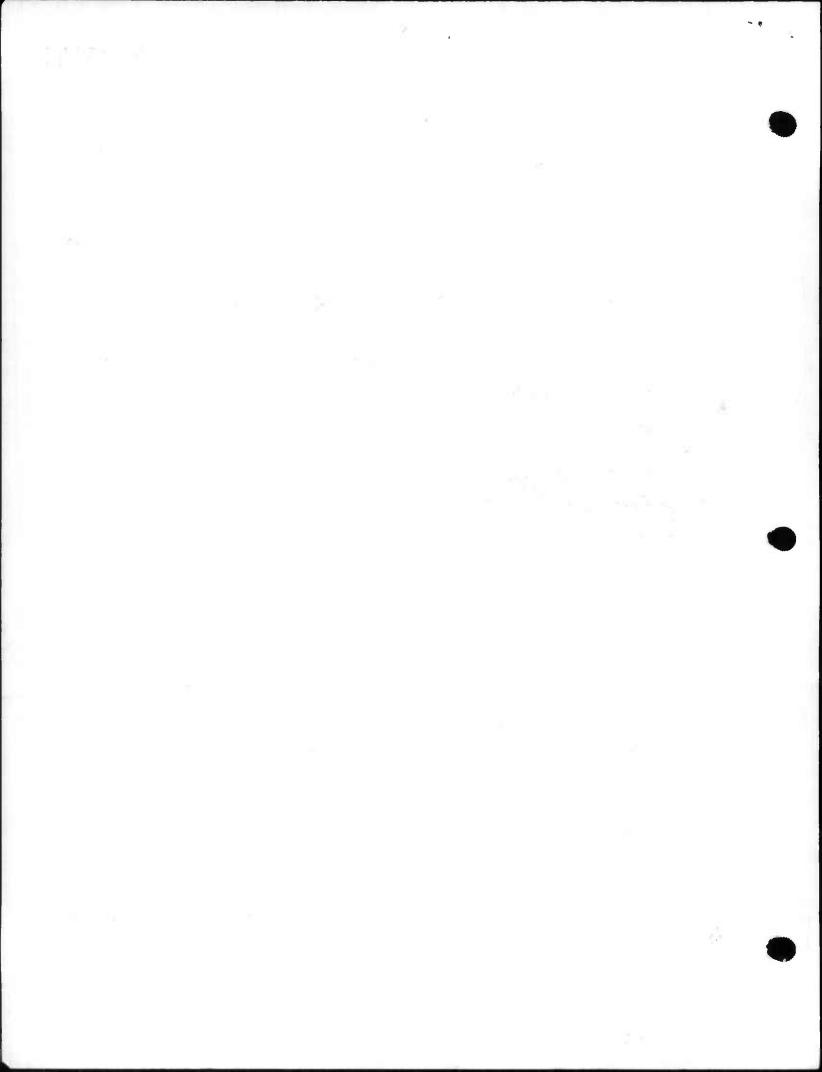
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FEB 1 8 92

· Martin

32. REGISTRAR'S SIGNATURE Fruma Daydoon-Handelle

	1 - STATE REGISTRAR	STATE OF MARYI	AND / DEPA CERTI					IENTAL HYGIEN REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)	OHN O.	MURPHY							3. TIME OF DEATH	
			(In yrs. last birthda) IF UNDER	R 1 YEAR	IF UNDER	24 HRS.	2-16-9	6.	11:00 AM	
	043-30-0785	M 2 □ F	60 YRS	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) 4-15-3		Ireland	
_	9a. FACILITY NAME (# not institution, give street	and number)			rown c		ON OF DEA	ATN	9c. COUNTY		
D.	61 Burr Hill			De	<u> </u>	1			Word	cester	
DIRECTOR	Md . 10b. COUNTY	orcester	10c. (Berl	or locat 1 N	ION			10d. INSIGE CITY LIMITS? 1 YES 2 AMO		
₹	10e. STREET AND NUMBER				101	. ZIP COO				OF WHAT COUNTRY?	
FUNERAL	61 Burr Hill	. WAS DECEDENT EVER	IN II S ADMEO	1 12	WAS DEC		1811	C ORIGIN? (Specify Ye		SA . RACE — American Indian,	
₽	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 NO		Il yes, sp	ecify Qube		, Puerto Rican, etc.)	or No.	Black, White, atc. Specify: White	
COMPLETED	15. DECEDENT'S EQUICATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 on 5 +) 12 College (1-4 on 5 +) College (1-5 on 5 +) College (1-5 on 5 +) College (1-5 on 5 +) College (1-6 on 5 +) College (1-7 on 5 +) College (1-8 on 5 +) College (1-8 on 5 +) College (1-8 on 5 +) College (1-8 on 5 +) College (1-8 on 5 +) College (1-8 on 5 +) College (1-8 on 5 +) College (1-8 on 5 +)										
MP	1.2 17. FATNER'S NAME (First, Middle, Last)		UES.	IGA	ER			AE (First, Middle, Maiden		126	
BE CO	Christopher M	urphy				30.99	Ju1:	ia Dunne			
5	190. INFORMANT'S NAME (Type/Print) Deirdre Murphy		The second second	Burr				rlin, Md.			
	20e, METHOD OF DISPOSITION 11 Burial 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	from State	other place) M+							or Town, State S CO., Md.	
	21. SIGNATURE OF FUNDIAL SERVICE LIFENSEE 22. NAME AND ADDRESS OF FACILITY										
	23. PART I. Enter the diseases, or com	MV C	od the death D	not ente				neral Ho	_	erlin, md	
	shock, or haart fallure. Lis	t only one cause on	each iine.							interval Between Onset and Death	
	disease or condition resulting in death)	59 UM	A CONSEQUENCE	Ce 11	C	er cr	10-	a of 01	a/ Co	w. 4 2/2 year	
Z	Sequantially list conditions, 6.										
CATIC	if any, leading to immediata cause. Enter UNDERLYING	OUE TO (OR AS	A CONSEQUENCE	OF):							
CERTIFICATION	CAUSE (Disease or injury thet initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE	OF):							
	PART II. Other algnificant conditions of	contributing to death	but not regular	a in the u	nderlyin	a couce	eluen in I	Part i. 24e. WAS AF	AITTOREV	24b. WERE AUTOPSY FINGINGS	
DICAL	TAIT II. Other argimount conditions of	ontibuting to deed	but not resulti	y in the c	· · · · · · ·	y couse	given in		RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
ME								_		1 _ YES 2 _ NO	
AN	25. WAS CASE REFERRED TO MEDICAL			_	26 81	ACE OF (YEATN (Che	ock only one)			
SICIAN:	EXAMINER?	IOSPITAL:	tpatient 3 🗆 DO/	OTHE 4 No	R:			6 Other (Specify)			
PHY	27. MANNER OF DEATN 1 Return 5 Pending	26a. DATE OF INJURY (Month, Day, Year)		TIME OF INJURY	28c. IN.	JURY AT ORK?		28d. DESCRIBE HOW	INJURY OCCUP	RED	
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Sp	RY — At home, famecify)	n, street, fa				281. LOCATION (Street City or Yown, State	and Number or	Rural Route Number,	
COMPLET	29a. CERTIFIER (Check only one)	_									
Ö	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.										
O BE	29b. SIGNATURE AND TITLE OF CERTIFIER	1/	٠ , ١	10,			030		29d. DATE S	SIGNEO (Month, Day, Year)	
IFI	30. NAME AND ADDRESS OF PERSON WHO	OMPLETED CAUSE OF D	EATN (ITEM 27)	roe Print)					-		



ital or attending physician. d for use as the burial-transit permit. Pages 1, 2, 3	TO BE COMPLETED BY FILINERAL DIRECTOR
TO THE FUNENTIAL UP AT IEMUNIO PHYSICIAN: The faw requires that the death centificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNENTIAL DIRECTOR: After centificate has been signed by the attending physician and completely filled in the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 has feel within 72 hours after death with the state hand a burial-transit permit. Pages 1, 2, 3	aminer must be

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

Dr. Terence McGuire

31. DATE FEB 18 1992 And Date of Manual Conference McGuire

	FOR STATE OF MARYLAN	D / DEPAF	RTMENT OF H	EALTH AND	MENTAL HYGIEN	E	92	06142			
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	CERTIF	ICATE OF	DEATH	REG. NO		YEAR	3. TIME OF DEATH			
1		OWN			Feb. 15,	2	М				
)	215-62-938] 1 M 2 DXF 9]	rs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.				R. BIRTHPLACE (State or Foreign Country) We Str Virginia			
	9a. FACILITY NAME (If not institution, give street and number)	9b. CITY, TOWN	R LOCATION OF D		9c. COUNTY OF DEATH						
DIRECTOR	12615 Millstream Drive	Bowi			Prince						
R	10a. STATE 10b. COUNTY	ION		10d. INSIDE CITY LIMITS?							
	Maryland Anne Arundel	ter				1 YES 2 NO					
FUNERAL	10e. STREET AND NUMBER		101	ZIP CODE		10g. CITIZEN OF WI					
NE	3580 South River Terrace			21037		.S.	A.				
B	11. MARITAL STATUS 1 Never Married 2 Married 3 N Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	If yea, sp	ENDENT OF HISPAI ecify Cuben, Mexica 2 M NO Specif	NIC ORIGIN? (Specify Yea an, Puerto Ricen, etc.) ly:	or No-	Spec	14. RACE — American Indian, Black, White, atc. Specify:				
	15. DECEDENT'S EDUCATION 161	. DECEDENT'S	USUAL OCCUPATION	N	16b. KIND OF BU	INFSS/IN	_	hite			
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	st of working	THE THE ST DESIRESS/MODSTAT								
Z	17. FATHER'S NAME (First, Middle, Last)	Hom	emaker		Hom						
ၓ					AME (First, Middle, Malden						
BE	William Thomas McCready				Alma Kni						
ဍ	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 21037 Barrett L. McKown 3580 South River Terrace, Edgewater, MD										
	20s. METHOD OF DISPOSITION 20b PLACE AND DATE OF DISPOSITION (Name of										
- 1	1 KBuriel 2 Cremelion 3 Removal from State Other (Specify) Translation Other (Specify) Translation Cemetery, Cremelory, C										
	22. NAME AND ADDRESS OF FACILITY Taylor Funeral Chapel 21401 147 Gloucester St., Annapolis, MD										
	23. PART I. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or reapiratory srrest, ehock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) OUE TO (OR AS A CONSEQUENCE OF): Approximate interval Between Onset and Death										
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
PHISICIAN: MEDICAL	PART II. Other algnificant conditions contributing to deeth but n	AUTOPSY MED? 24b. WERE AUTOPSY FINDING: MED? AMAILABLE PRIOR TO COMPLETION OF CAUSE OF OGATH? 1 YES 2 NO									
AN	25 WAS CASE REFERENCE TO MEDICAL										
١	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:										
	1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Of Other (Specify) E HORLY CALLE HUM 6										
- 11	1 Netural 5 Pending (Month, Day, Year) INJURY WORK?										
20	2 Accident Investigation 3 Suicide 8 Could not be determined 4 Homicide determined Investigation M 1 YES 2 NO 288. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)										
COMPLEIR	29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.										
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated.										
- 18	296. SIGNATURE AND TITLE OF CERTIFIER										
	Jen Doy, Your										
- 11	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type,	Print)				_	+++			

311 Addison Rd., Seat Pleasant, MD

sala senarah ang Pagagang ang antan Kan

0630 M

21/01 Approximate Interval Between **Onset and Death**

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

		MONTH DAY YEAR							3. TIME OF OEATH					
			OWELL							- 92	0630			
		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In y	rs. lest birthday)	MONTHS E	YEAR IF UND	ER 24 HRS.	7. OATE OF BIRTH (Month, Day, Year)	0.1	BIRTHPLACE (State or Foreign Country)			
(D		217-16-5691	1 🗆 M 2 💢 F		SA YRS.				3 20 19		MARYLAND			
(4)	14	9a. FACILITY NAME (If not institution, give	street and number)	0 1	0	9b. CITY, T	OWN OR LOCA	TION OF D	EATH	9c. COUNTY	OF DEATH			
7	2	RESIDENCE OF DECEDENT	rectical	(Ent	RK	ANN	NAPOL	I S		AN	NE ARUNDEL			
41., 590 100 - 100	5	10a. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN OR	LOCATION				10d. INSIDE CITY			
	DIR	MARYLAND ANNE ARUNDEL ANNAPOLIS									1 YES 2 NO			
permi	A	10e. STREET AND NUMBER					10f. ZIP CO	OF WHAT COUNTRY?						
n. Insit	E	303 PRESIDENT	STREET				214	403		t	J.S.A.			
020 physiclan. burial-transit permit.	FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN FORCES? 1	T EVER IN U.	S. ARMED	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No- If yes, specify Cuban, Mexican, Puerto Rican, etc.)				a or No 14.	RACE — American Indian, Black, White, etc.			
	ВУ	IE VED ONE HAD OD DATES									Specify:			
1215-0	60	15. OECEDENT'S EDUCATION 168. OECEDENT'S USUAL OCCUPATION 166. KIND OF BUSINESS/INDUSTRY												
		(Specify only highest grad	(Give kind of work done life. Do NOT use retired.			ring most of wor	rking	U.S. NAVA						
29	COMPLET	Elementary/Secondary (0-12)	"	LAUNDRY DEPT.				A.C.	i L					
YLAND 2 by the hospital be detached for at once.	ON	17. FATHER'S NAME (First, Middle, Last)			LAII			THER'S N	AME (First, Middle, Maide					
	ш	WILLIAM A. J	OHNSON				,	FRAN	CES OHEE	NT.				
MAR retained 5 should notified	9 0	19a. INFORMANT'S NAME (Type/Print)			19b, MAILING	AODRESS (Route Number, City or To		de)			
40	2	CLEOLA JOHNSO	N		303	PRESI	DENT	ST.	ANNAPOL	IS, MD	21403			
BALTIMORE, er death. Page 6 may be the funeral director, page fal.		26a. METHOD OF DISPOSITION 1 Special 2 Cremellon 3 Rec	noval from State	20b. P	LACE AND DAT	E OF DISPOS	SITION (Name		2 - 1 4 -	DCATION - City	or Town, State			
Page 6 Il directo		4 Donalion 5 Other (Specify)		HIL	L CRE	ST CE	EMETER		1992 A	NAPOL	IS, MD			
ALTIM death. Page tuneral din f.		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY D. F. D. C. C. O. N. C. M. O. D. F. M. A. D. D. A. D. D. A. D. D. A. D. D. A. D. D. A. D. D. A. D. D. D. D. D. D. D. D. D. D. D. D. D.												
		REESE & SONS MORTUARY, P.A.												
by the		23. PART I. Enter the diseases, or complications that caused the death, Do not enter the mode of dying, such as cardiac or respiratory arrest, Approxima												
DO DO E														
		disease or condition resulting in death) Aspurtion Previous												
ted within completely ial, cremati		OUE TO (OR AS A CONSEQUENCE OF):												
68760, poscuted with and complete burial, cren	Z	Sequentially list conditions	b. Pa	ahense	n's Des	eare	End.	tage	2					
BOX 68: ate be execut hysician and c prior to buria	Ĭ	Sequentially list conditions, if any, leading to immediate OUE TO (OR AS A CONSEQUENCE OF):												
B(icate physic physic per tr	CERTIFICATION	cause, Enter UNDERLYING CAUSE (Disease or injury	DUE TO	COR AS A C	ONSEQUENCE C									
eath certificate attending physmal Hygiene py, or other	Ē	that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): Atheros Carofic Carcho Vancular clineace												
	CEF													
ORDS, that the deal by the att than Menta than Injury, any Injury,	AL	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pa								Dependence /				
PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in the target and the same of									1 TYES	1 TES 2 NO OF D				
PEC requires of Heal	ME	discare, a	1 gam	MOB2	177	1 TYES 2 NO								
AL RE e law requ has been Dept. of	ä		2Krelly					<i>V</i>						
VITA SIAN: The ritificate han State D	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:		F DEATH (C	theck only one)					
ICIAN:	YS	1 YES 2 NO	1 / Inpatient 2						8 Other (Specify)		-			
		Netural 5 Pending	28a. DATE Of (Month, L	Day, Year)	28b. TH	JURY M	WORK?		28d. OESCRIBE HOW	INJURY OCCUP	IED			
ON O DING PHYS After this death with	ВУ	2 Accident Investigation												
ISIC TTEND TTOR: / after d	8													
DIVISION OR ATTENDING I DIRECTOR: After hours after death Item 28 is mai		29a. CERTIFIER	00000				e na estado	as hour		- 10.4				
Z 36 =	COMPLETED	(Check only							e to the cause(s) and m					
HOSPITAL FUNERAL WITHIN 72 H	8	29b. SIGNATURE AND THILE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Yes												
THE HOSPI THE FUNER filed within	8	296. SIGNATURE AND THE OF CERTIFI	9	- Mi	2		200	199	2	29d. DATE S	IGNED (Month, Day, Year)			
P P 2 X	2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAL	SE OF DEAT	H (ITEM 27) /5m	e. Print)	1	//	/	- Chopic				
2.0		16 murrzy	AUE 1	410	700 K	M	c 21	40	1 ANDA	rew6	ORDON MI			
		31. DATE FILED (Month, Day, Year)	32. REGISTR	AR'S SIGNAT	URE						سفادر ا			
		FEB 18 1992	32. REGISTR	don K	modelle									
			11											

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

DHMH-16 Rev 1/89

30. NAME AND ADDRESS OF PERSON

MARC OKUN. N 31. DATE FILED (Movith, Day, Your) FEB 2 4 1992

/203 HOSPITAL DI 32. REGISTRAR'S SIGNATURE DE LA DAVIDO MANDE

DRIVE,

	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND C	/ DEPAF	ITMEN	T OF H	IEALTH DEAT	AND I	MENTA	L HYGIEN	E	2	06144	
	1. DECEDENT'S NAME (First, Middle, Last)									OF DEATH		3	. TIME OF OEATH	
	LURTY	L EE			MII	LER			MONT	2	21	YEAR 92	12:26 PM	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Is	st birthday)	IF UNDE	DAYS	IF UNDER 24 HRS.		7. DATE OF BIRTH (Month, Day, Year)			a. BIRTHPL Country)	ACE (State or Foreign	
	217-03-9517	1 🔀 M 2 🗌 F	73	YRS.		DATS	HOURS			Feb. 11, 1919		Virginia		
1	9a. FACILITY NAME (If not institution, give a	street and number)			9b. CIT	Y, TOWN	OR LOCATI	ON OF D	EATH		9c. COUN	TY OF DEA	ТН	
Þ	NORTH ARINDEL HOSPITAL ASSOCIATION GLEN BURNIE A.A												. COUNTY	
8	10e. STATE 10b. COUNT											10	Id. INSIDE CITY	
O	Maryland Anne	Arunde1		Glen Burnie								LIMITS?		
AL	10e. STREET AND NUMBER					101	ZIP COD	E			10g. CITIZ		AT COUNTRY?	
ER	502 Kintop Rd.		21061							Unit	ed S	tates		
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	T EVER IN U.S. A YES 2 WAR OR DATES 2.	A YES 2 NO If yes, specify C R OR DATES 1 YES 2 🔏 i				IDENT OF HISPANIC ORIGIN? (Specify Yes or No— ty Cuban, Maxican, Puerto Rican, etc.) No Specify:					14. RACE — American Indian, Black, Whita, etc. Specify: White		
B	15. DECEDENT'S EDU	CATION	16a, D	ECEDENT'S	USUAL	OCCUPATION	ON		160	16b. KIND OF BUSINESS/INDUSTRY				
Ē	(Specify only highest grade Elementary/Secondary (0-12)	'Give kind of work done during most of worlde. Do NOT use retired.)				working								
COMPLETED	10		Cra	rane Operator						Shippi				
8	17. FATHER'S NAME (First, Middle, Last)				16. MOTNER'S NA				ME (First,	Middle, Maiden	Sumame)			
BE	Lurty Lee Miller						Edna Vera Twigg							
2	19a. INFORMANT'S NAME (Type/Print)									ber, City or Tow				
	Alexander Soltys			1308	Elea	nore	Dr.	, G1	en B	urnie,	MD 2	1061		
	Holy Cross Cemetery 2/25/92 Brooklyn P 21. SIGNATURA OF FUNERAL SERVICE CICENSEE 22. NAME AND ADDRESS OF FACILITY KIrkley-Ruddick Funeral Home, Glen Burnie, Maryland 21061										, P.1			
	23. PART 1. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory strest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a										est,	Approximate interval Between Onset and Death		
PHYSICIAN: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):													
	PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24e. WAS AN AUTOPSY PERFORMED? 1 YES 2 PAO 24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO												MILABLE PRIOR TO OMPLETION OF CAUSE DEATH?	
IAN	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)													
Sic	EXAMINER?	HOSPITAL: OTHER												
ву РНУ	27. MANNER OF DEATN 1 Netural 5 Pending 2 Accident Investigation						OF 28c. INJURY AT 28d.				28d. DESCRIBE NOW INJURY OCCURED			
	3 Suicide 6 Could not be detarmined 28e. PLACE OF INJURY — At home, term, street, factory, offica building, etc. (Specify) 28f. LOCATION (Street and Number of City or Yown, State)									or Rural Rout	e Number,			
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, deta and placa, end due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, data and placa, and due to the cause(s) and manner as stated.													
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WH	(anc	mote	M)		29c. LICE	S S	DO C	۵	P Z	SIGNED (M	onth, Day, Year)	

#206/GLEN BURNIE, MARYLAND

DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pag
with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
associated. If the 20 to marked or them 22 chains on interview or other trainfile avant the medical evantiner much be notified at once

1 - STATE REGISTRAR		0	MARYLAND /	RTIF	ICAT	E OF	DEAT	ГН		G. NO.				
1. DECEDENT'S NAME (F									2. DATE OF DE MONTH	DAY		YEAR	3. TIME OF DEATH	
Joh									2	15	199		12:00	
4. SOCIAL SECURITY NU		5. SEX	6. AGE (In yrs. lesi	YRS.	MONTHS	DAYS	HOURS	24 HRS.	7. DATE OF BIR (Month, Day,	Year)	,	8. BIRTHE Country	PLACE (State or Foreign	
109-12-8		1 M 2 F							02-03-1901			duee		
9s. FACILITY NAME (# no						r, TOWN OI						TY OF DE		
Villa Ro		sing H	ome		Mit	che	llv:	$ill\epsilon$	9		Pr	ince	Geor.	
10e. STATE	10b. COUNTY			10c. CI	Y, TOWN	OR LOCATI	ION						10d. INSIDE CITY	
Villa Ro RESIDENCE OF D 10e. STATE	Princ	e George	25	R	owie								LIMITS?	
				OWIC	101.	ZIP CODI	E		T	10g. CITIZ		HAT COUNTRY?		
12714 Midv	tood Lan	e				1 2	20715	5			IIni t	2 60	tates	
100. STREET AND NUMBER 12714 Midv 11. MARITAL STATUS		12. WAS DECEDEN	IT EVER IN U.S. AR		13.	WAS DECE	ENDENT C	F HISPAN	IIC ORIGIN? (Spe	city Yes o		14. RACE	- American Indian.	
		FORCES? 1		No.		If yes, spe			n, Puerto Rican,	etc.)		Specify	White, etc.	
3 Widowed 4 🗆 🗈	Ivorced								No				White	
15. D (Specify	ECEDENT'S EDUC	CATION completed)	/G	ive kind of	work done	during mos	N at of worldi	ng	16b, KIND	OF BUSI	NESS/IND	USTRY		
Elementary/Secondary	y (0-12)	College (1-4 or 5	+)		se retired.)				NT 37	C + -	-1- T	? a 1		
Specify Elementary/Secondar 12 17. FATHER'S NAME (First				ıraı	TIC	Manag			N.Y.			xcna	inge	
		tton							ME (First, Middle,		4151			
<u></u>		LOII	T	****		0.00			rine Mo			0-4-		
P 190. INFORMANT'S NAMI		ne							Route Number, City Montcla				3	
20m. METHOO OF DISPO		.115		_				ber 1				City or Tov		
1 M Buriel 2 Cremi	ation 3 🗆 Remo	oval from State	20b. PLACE of cemetary	cremator	y or other	place)	otor:	₁₇ 2	/19/92					
21. SIGNATURE OF FUNE		ENSEE	22. NAME AND ADDRESS OF FACILITY											
DI.	+ 0			2	-	Beal:	1-Ev	ans	Funeral	Hon	ne, E	A.		
nove	23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory streat, Approximate													
IMMEDIATE CAUSE disease or condition resulting in death) Sequentially list con if any, leading to improve cause. Enter UNDER	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury Character Sequence of Sequence													
PART II. Other signif	Icent condition	o deeth but not a	FA			g ceuse	given in		WAS AN A PERFORM	MED?	24b.	WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
25. WAS CASE REFERRE	D TO MEDICAL						ACE OF E	DEATH (Ch	eck only one)					
1 TES 2 THE		HOSPITAL: 1 Inpatient 2	☐ ER/Outpatient 3	DOA	OTHE 4 □ No		6 5 🗆 R	esidence	6 Other (Spe	cffy)				
27. MANNER OF DEATH		28a, DATE O (Month,	F INJURY Day, Year)	28b. Ti	ME OF	28c. INJ	URY AT		28d. DEŞCRIBI	E HOW IN	JURY OC	CUREO		
1 Diffitural 5	Pending Investigation				М		YES 2 [NO						
											loute Number,			
one) 2 🗆	IEDICAL EXAMINE	R: On the basis of	of my knowledge, de examination and/or								due to th	ne cause(a) and manner as stated	
29b. SIGNATURE AND THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN THE C	nany	K Soy	SULU I	M 27) (74	De, Print)		80c 110	OOS	74		▶ 干	EB	(Month, Dey, Year)	
323 Se 31. DATE FILED (MONTH, I	PERIE	RCAN	E 46	B	owit	-, M	D	20	715	NOR	MAN	K	SCHRER, M	
FFB 1	9 1992	gula	Davidson-W	rideo	2									

and the desired

1	-	FOR STATE REGISTRA	
,	1. 0	FOEDENT'S	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR				CE	RTIFI	CATE	OF I	DEATH	11161117	BE	G. NO	-		
1. DECEDENT'S NAME (First,	Middle, Last)	John E	lward						MON	E OF DE	ATH D	AY	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUME		5. SEX		n yrs. lest		IF UNDER 1		IF UNDER 24 HRS.	Jan 7. DATE	E OF BIF	29 RTH	199		9:40 PM M
579 38 0048	3	1 ₹ M 2 □ F	85		YRS.	MONTHS	DAYS	HOURS MIN.	A110	oth, Day,		906	Eng	(1/2)
Se. FACILITY NAME (If not in						9b. CITY, 1	TOWN OR	LOCATION OF D	1000	-			INTY OF D	
Prince Geor	EDENT		spita	a1		С	heve	erly				Pri	nce	Georges
Maryland	Anne	Arundel				mbri]		ON						10d. INSIDE CITY LIMITS? 1 YES 2 HO
1815 Hunto	reek 1	Run					101.	ZIP CODE	1054				itis	WHAT COUNTRY?
11. MARITAL STATUS		12. WAS DECEDEN						NDENT OF HISPA					14. BACI	E — American Indian
1 Never Married 2 3 1 Widowed 4 Divo		FORCES?			No		YES 2	olfy Cubert, Maxic E∑CNO Speci			etc.)		Speci	k, White, etc. ////////////////////////////////////
15. DEC (Specify only	EDENT'S EDU highest grade	CATION completed)		(Gh	CEDENT'S U	rk done du	CUPATION	of working	16	b. KIND	OF BU	SINESS/IN	DUSTRY	
Elementary/Secondary (0	-12)	College (1-4 or 5	+)	Ma.	Do NOT use	retired.)				Λ.11	to 1	Deale	a wa b	_
17. FATHER'S NAME (First, M.	iddle, Last)							18. MOTHER'S NA	AME (First,				ersni	rb
John Joshu		ris						Annie	Loui	s D	avi	es		
Sara P. Nor								Number or Rural						
20a. METHOD OF DISPOSITI	ON	-	20h		NDDATEOR			k Run G	ambr	_		aryla		21054
1 Donation 6 Other		oval from State	ceme	etery, cran	natory or other	er place)		atorv	1					,
21. SIGNATURE OF FUNERAL PLANTS	SERVICE LIG	ENSEE	<u></u>		Poo	22. NA Be	all-	Evans E	uner		Hom	e, P	.A.	la Virginia
23. PART I. Enter the di	seasea, or	compilcations the	t caused	the des	th Do no	16	000	Annapol	is F	Rd.	Bow	rie M	arvl	and 20715
shock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in death)	part failure.	a.	rei	ich Ilna.	UENCE OF):	ne	~	- untirp						Approximate Interval Between Oneat and Death
Sequentially list condition if any, leading to immediates. Enter UNDERLY! CAUSE (Disease or injusted initiated events resulting in death) LAST	diate NG ry	c	(OR AS A	CONSEO	UENCE OF):	Y	Tri	ay NY	× 1	y	Q _l	rsea	se.	1090
PART II. Other algnifice	nt condition	e contributing to	death bu	Totro	esulting in	the unde	Periying	ceuse given in	Part I.	F	MAS AN PERFOR YES 2	-	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:					26. PLA	CE OF DEATH (Ch	eck only o	ne)				
1 TYES 2 THO		1 Impatient 2		itient 3 (OTHER:	g Home	6 - Residenca	6 🗆 Oth	er (Speci	lly)			
	Pending	26s. DATE OF (Month, D	INJURY ley; Year)		28b. TIME INJUI	YF	8c. INJUF WORK		26d. DE	SCRIBE	HOW II	NJURY OC	CURED	
3 Suicide 6	nvestigation Could not be letermined	28a, PLACE 0 building,	F INJURY -	At hom	ne, tarm, etr				28t. LOC	CATION ((Street a	and Number	or Rural R	loute Number,
29a. CERTIFIER (Check only one) 1 CERTIFIER MEDIC	FYING PHYSI	CIAN: To the best of a	my knowle	edge, dear	th occurred	at the time	e, data ar	nd place, and due th occured at the	to the ca	use(s) a	nd man	ner as stat	led. ne cause(a) and menner as stated.
-//	OF CENTIFIES		in	N	150	tend MSI 0		DDO		5				(Month, Day, Year)
34 NAME AND ADDRESS OF	PERSON WHI	COMPLETED CAU	DEA	TH (ITEM	27) (Type, P	rint)	-						, ,	11
31. DATE FILED (Month, Day, 1)	2 199	2 32. REGISTRA	R'S SIGNA	TURE	Pande	202					_			

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Ray 1/89

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21203-3146

BALIN	ath. Pa	neral d	amine	
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2	execute	and ca	matic	
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2	certific	Jing pt ygiene	othe	
7.	ath	tten tal H	9	
Ś	the de	d Mem	를	
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T C	require	een sig	shows	
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M	N: The	State I	item	
>	SICIA	the	0	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 - Surs after death. Pa	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral of the filed within 72 hours after death with the State Dept, of Heath and Mental Hygiens prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examine	
<u>ō</u>	No.	r de		
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2	OR A	DIRE	Hem	
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	REGISTRAN		OLITITIO	AIL	DEATI		HEG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)	ctoria G	reen	Nel	Son		DATE OF DEATH	-93	EAR 3. T	9:45 PM	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(in vrs. lest birthdev)	F UNDER 1 YEA	R IF UNDER 24	HRS. 7. C	DATE OF BIRTH	6	BIRTHPLAC	E (State or Foreign	
	215-20.3111	1 DM 2 DF	84 YRS. M	ONTHS DAY			(Month, Dey, Year)	7	Country)	souri	
	9e. FACILITY NAME (If not institution, give st	1	A .	6. CITY, TOY							
DIRECTOR	RESIDENCE OF DECEDENT		Center	Crotton Anne Arma							
Ä	10e. STATE 10b. COUNTY	1	10c. CITY,	TOWN OR LO	CATION				10d.	INSIDE CITY LIMITS?	
ā	Maryland Prin	ice George's	Gı	ceenbe	elt				1 🗓	YES 2 NO	
7	10e. STREET AND NUMBER				10f. ZIP CODE			10g. CITIZE	N OF WHAT	COUNTRY?	
FUNERAL	108 Lyn Brook Cou	ırt		- 1	20770	0		U.	S.A.		
5	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.Ş.ARMED	13. WAS	DECENDENT OF	HISPANIC O	RIOIN? (Specify Yes	or No- 1	A. RACE - A	merican Indien,	
	1 Never Merried 2 Married	FORCES? 1 YES			, specify Cuben, YES 21 NO		erto Rican, etc.)		Black, Wh Specify:	ite, atc.	
BY	3 K Widowed 4 Divorced	in rea, dive take on a	74123	1	TES TAL INO	орвану.				√hite	
COMPLETED	15. DECEDENT'S EDUC		16a. DECEDENT'S US				16b. KIND OF BUS	INESS/INDU	STRY		
Ш	(Specify only highest grade Elementary/Secondery (0-12)	College (1-4 or 5+)	Ilfe. Do NOT use	retired.)	most of working						
립	12	2	Register	red Nu	ırse		Nur	sing			
O	17. FATHER'S NAME (First, Middle, Lest)					R'S NAME (First, Middle, Maiden				
	Manley Ellis Gree	≥n			Bess	sie E	lla Stil	well		1	
BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILINO A	DDRESS (Str			Number, City or Town		ode)	-	
2	Lorene Hanna						enbelt,			20770	
	20e. METHOD OF DISPOSITION	1 2	b. PLACE OF DISPOSIT					CATION — CI			
	1 🂢 Burlal 2 □ /Cremation 3 □ Remo	ovat from State	other place)			tory or					
	4 Donetion \$ D Other (Specify)		t. Lincol		E AND ADDRESS	OF FACILITY		entwo	oa, Ma	aryland	
			7				Sons Fun	eral 1	Home,	PA	
	1 TONE /5.1	Sichaum)				ve., Hya				
	23. PART I. Entar the disasses, or o									Approximata	
- 1		List only one cause on	aach ilna.	1		,				Interval Between Onset and Death	
	disease or condition										
	resulting in death) a. DUE JO (OR AS A CONSEQUENCE OF):										
		Acn	1000	6	1201	1	- 3 - 3		i		
8	Sequantially list conditions,	b. DUE TO (OR AS	A CONSEQUENCE OF:	- 1	100	w	714				
F	Sequentially list conditions, if any, lauding to immediata cause. Enter UNDERLYING b. DUE TO JOR AS A CONSEQUENCE OF):										
일	CAUSE (Disease or injury	c. DUE TO (OR AS	A CONSEQUENCE OF	n	aw	ua	~		-		
E	that initiated eventa resulting in death) LAST	(,							j		
崩		d									
EDICAL CERTIFICATION	PART ii. Other significant condition	a contributing to death	but not reaulting in	the under	lying cause gi	ven in Pari	t I. 24a. WAS AN			RE AUTOPSY FINDINGS	
2	A (2)	Leaven	dire	we.			PERFOR		COL	ILABLE PRIOR TO IPLETION DF CAUSE	
	mental De	evenio					. 1 723 2	400	1	DEATH?	
Σ	1	7, 0,10							''	YES 2 NO	
A	AS WAS CASE REFERENCE TO MEDICAL				4 BI 405 OF BE	ATM (Objective					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	6. PLACE OF DE	ALTI (Uneck o	ину опе)				
XS	1 YES 2 NO	1 Inpatient 2 ER/Ou			Home 5 - Res						
표	27. MANNER OF DEATH	(Month, Day, Year)	28b. TIME INJU	OF 28d	WORK?	284	d. DEŞCRIBE HOW I	NJURY OCCL	PRED		
BY	1 Natural 5 Pending 2 Accident Investigation			M 1	YES 2	NO					
	3 Suicide 6 Could not be	28e. PLACE OF INJUR building, etc. (Sp	RY — At home, farm, str	eet, factory,	office	281	1. LOCATION (Street of City or Town, State)	and Number o	r Rural Route	Number,	
里	4 Homicide datermined		,,								
=	290. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my kno	wiedge, death occurred	at the time.	date end place.	end due to ti	he cause(e) and mar	mer as state	1.		
COMPLETE	and and	ER: On the basis of examinati								d manner as stated.	
8			1								
BE	295. SIGNATURE AND TITLE OF CERTIFIE	1 112 - 6	0- M	1	29c. LICEN	VSE NUMBER	25	29d. DATE	SIONED (Mo	rith, Day, Year)	
5	and	Marc	70	V /	110	0	Ur	10		-0/	
	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF D	DEATH (ITEM 27) (Type, I		2				•	_	
	Tau	1-200	tel	m							
	FFB 1 4 199	2 32. REGISTRAR SIST	Hason-Randel	2							
	1 [] T T 100	- 0	•								

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1992

9c. COUNTY OF DEATH

10g. CITIZEN OF WHAT COUNTRY?

Specify

ALLEGANY

USA

3. TIME OF DEATH

19:15

10d. INSIDE CITY

XX YES 2 NO

S. BIRTHPLACE (State or Foreign Country)

NY

14. RACE — American Indian, Black, White, atc.

white

Approximate Interval Between Onset and Death

break

4 bx

P.M

use as the burial-transit permit. Pages 1, 2, 3 should

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10 Injury,

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Item

MPORTANT: II

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223

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH EDWARD ANDREW NEILSON FEBRUARY 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthiday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 24 HRS. 59 TYRS 1 M 2 - F 155287090 05-19-1932 9e. FACILITY NAME (If not institution, give street and number, b. CITY, TOWN OR LOCATION OF DEATH SACRED HEART HOSPITAL CUMBERLAND RESIDENCE OF DECEDENT 10e. STATE 10c. CITY, TOWN OR LOCATION NY Dutchess Poughkeepsie 10e. STREET AND NUMBER 101, ZIP CODE 12601 VanWager Road 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-1 Never Married 2 Merried If yes, specify Cuban, Maxicon, Puerto Ri 1 TES 2 TONO Specify. 3 Widowed 4 Divorced 1955-57 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 18b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementery/Secondary (0-12) College (1-4 or 5+) 4 Broadcasting 12 Radio Station WJJB 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) Harry Neilson Grace McCormick 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mrs. Rosemary Neilson VanWager Road Poughkeepsie, NY 12601 20e-METHOD OF DISPOSITION
1 D Burlet 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE St. Joseph Cemetery 2/21 4 Donetion 5 Other (Specify) Millbrook, NY 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Scarpelli Funeral Home for Allen F.H. Cumberland, MD 21502 23. PART Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, ahock, or heart failure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel diseese or condition resulting in death) a. Massing To CTA2

DUE TO (OR AS A CONSEQUENCE OF): BLEFDING ON YOUNG CE Sequentially list conditions, CERTIFICATIO if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE CAUSE (Diseese or injury that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a, WAS AN AUTOPSY PERFORMED? blewing 1 YES 2 W NO Severy Jamelia PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) EXAMINER? HOSPITAL: OTHER: tient 2 - ER/Outpatient 3 - DOA 4 ☐ Nursing Nome 5 ☐ Rasidence 8 ☐ Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Naturel 5 Pending 1 YES 2 NO BY 2 Accident Investigation 28e. PLACE OF INJURY — At home, term, streat, factory, office building, atc. (Specify) 3 Suicide 28t. LOCATION (Street end Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Nomicide

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 YES 2 NO

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner ee stated.

296. SIGNATURE AND TITLE OF CHATIFIER

WD 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

29c. LICENSE NUMBER

29d. DATE SIGNED (Month, Day, Year) 58BH111

MR412. 915 Schon

MO 161-32. REGISTRAR'S SIGNATURE Javidson-Randser

Dr. Cumberlani May. 2150

DHMH-16 Rev 1/89

	1 - STATE REGISTRAR	STATE OF MARYL			F HEALTH OF DEAT		NTAL HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last)	JOHN J.	1	VEN	ESKA		DATE OF DEATH DA	- The 1970	3. TIME OF DEATH		
		4 -	n yrs. last birthday)	IF UNDER 1 Y		7	DATE OF BIRTH (Month, Day, Year)		THPLACE (Stets or Foreign		
1			3 YRS.	months 0	HOURS	3-2-18	000	Conn.			
-	9a. FACILITY NAME (If not institution, give street			96. CITY, TO	WN OR LOCATIO		н	9c. COUNTY OF	DEATH		
0	PENINSULA GENERAL	L HOSPITAL			SALISB	URY		WIC	OMICO		
DIRECTOR	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR I	OCATION			10d. INSIDE CITY			
E	Md. Wor	cester		Ber	lin				LIMITS?		
A	10e. STREET AND NUMBER	4			10f. ZIP CODE	E .		10g. CITIZEN OF	WHAT COUNTRY?		
FUNERAL	6048 South Po	int Rd.			21	1811		USA			
15		WAS DECEDENT EVER IN	U.S. ARMED	13. WAS	DECENDENT O	F HISPANIC	ORIGIN? (Specify Yes	or No — 14. RAI	CE — American Indian,		
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 KYES IF YES, GIVE WAR OR DA	TES // //		YES 2 NO		uarto Rican, atc.)		ck, White, etc.		
	15. DECEDENT'S EDUCATE	011	NO NO ED						EWhite		
	(Specify only highest grade com	pleted)	18e. DECEDENT'S (Give kind of life. Do NOT us	USUAL OCCU work done during se retired 1	PATION g most of workin	g	16b. KIND OF BUS	INESS/INDUSTRY			
3	Elementery/Secondary (0-12) C	ollege (1-4 or 5+)		mber			Con	struct	ion		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTH	ER'S NAME	(First, Middle, Maiden S	Sumama)	1 1		
BE C	Emery Nemeska	У		2			rine Re				
	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (SI			e Number, City or Town				
2	Nellie M. Nemes	kay			th Poi				d., 21811		
	20e, METHOD OF DISPOSITION 1 Depuries 2 Cremetion 3 Removal	from State.	PLACE AND DATE	OF DISPOSITIO	N (Name of			ATION City or 1			
	4 Donetion 8 Dother (Specify)	-6-	Everg.	reen	Cemete	ery		Berlin,	, Md.		
	21. SIGNATURE OF FUNERAL BERVICE LICENS	71		22. NAN	E AND ADDRES	S OF FACILI	TY				
	Jene all			U	llrich	ı Fun	eral Ho	me Bei	rlin, Md.		
CERTIFICATION	Approximate diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or reapiratory arrest, abock, or heart failure. List only one cause on each line. Approximate interval Between Onset and Death CARD OPUL MARY ARREST Due To (or as a consequence of): Consult of the my ocar deal of the conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events OUE TO (or as a consequence of): OUE TO (or as a consequence of):										
MEDICAL	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. POST Opt rature Colon Can Can 2246. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 246. WAS AN AUTOPSY PROPRIED COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO										
NA NA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			2	. PLACE OF DE	ATH (Check o	only one)				
PHYSICIAN:	10.00	OSPITAL: Inpatient 2 - ER/Outpat	tlant 3 DOA	OTHER:	Home 8 🗆 Ras	ildence 8 🗆	Other (Specify)				
E	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM		INJURY AT WORK?		d. DESCRIBE HOW IN	JURY OCCURED			
B≺	1 Netural 5 Pending 2 Accident Investigation				YES 2	NO					
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY - building, atc. (Specif	At home, ferm, s	treet, factory,	office	281	City or Town, State)	d Number or Rural	Route Number,		
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN 2 MEDICAL EXAMINER: Or	: To the best of my knowlers the basis of examination	dge, death occurre	d at the time,	date end place, n, death occure	end due to the	he cause(a) and mann	er as stated. due to the cause(e) end manner as stated.		
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	uī	A	180		NSE NUMBER			(Month, Day, Year)		
F	30. NAME AND ADDRESS OF PERSON WHO CO	MPLETEO CAUSE OF DEAT	H (ITEM 27) (Type,	Print) LLS BO	IRY	Kil	18				
3	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGNAT		-							
3	FFB.1 1 '92	Julia Davidson	- Pandall								



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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR	CERTIF	CATE OF DEATH	REG. NO)							
	1. DECEDENT'S NAME (First, Middle, Last) PAULA PARISIUS				DAY YEAR 92	3. TIME OF DEATH						
	4. SOCIAL SECURITY NUMBER 5. SEX 5. The security Number 5. SEX 6. AG 5. The security Number of the security of the security Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number o	(In yrs. last birthday)	IF UNDER 1 YEAR IF UNDER 24 HS MONTHS DAYS HOURS MH	(Month, Day, Year) 12 13 2	9 Wi	sconsin						
DIRECTOR	SUBUNISHN HOSPITAL	•	96. CITY, TOWN OR LOCATION O		MONT OF							
	Md Montgomery		ethesda			10d. INSIDE CITY LIMITS? 1 X YES 2 NO						
FUNERAL	10e. STREET AND NUMBER 4998 Battery Lane #32		101. ZIP CODE 2081		U	what country?						
ВҰ	11. MARITAL STATUS T. Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	5 2 NO	13. WAS DECENDENT OF HIS If yes, specify Cuben, Me 1 YES 2 NO Sc	dcan, Puerto Rican, etc.)	Spe	CE — American Indian, ck, Whita, atc. cdy: UCASIAN						
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	(Give kind of w life. Do NOT use	JSUAL OCCUPATION ork done during most of working retired.)	TION 16b. KIND OF BUSINESS/INDUSTRY								
M M	17. FATHER'S NAME (First, Middle, Lest)		Chemist		I.H.							
BE CC	Herbert W. Paris	sius	18. MOTHER'S	NAME (First, Middle, Maide Flora Sau								
10	19a. INFORMANT'S NAME (Type/Print) Flora Gaarden		Ambler Dr.			20005						
	20a. METHOD OF DISPOSITION 21		F DISPOSITION (Name of		OCATION — City or T	20895 Town, Stata						
	4. Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	2 Wash	. DC									
	Ten Ather	1	22. NAME AND ADDRESS OF FACILITY Austin Royster Funeral Home 3605 14th Street, N.W. Wash. DC									
ľ	23. PART I. Enter the diseases, or complications that cause abook, or heart failure. List only one cause on	ed the desth. Do no	ot enter the mode of dying,	uch as cardiec or reap	eiretory arrest,	Approximate interval Between						
	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. ACUTE	RESPI	RATORY FA	ILURE !	AND	Onset and Death 3 DAYS						
NO	Sequentially list conditions, CHRONIC RESPIRATORY FAILURE YEARS											
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	ARY	EMPHYSE	MA		YEARS						
CERTI	resulting in death) LAST											
: MEDICAL	PART II. Other algorificant conditions contributing to death COR PVL 170 MAUE	but not resulting in	the underlying cause given	In Part I. 24a. WAS AN PERFO	RMED?	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO						
A	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH	Check only one)								
PHYSICIAN:	EXAMINER? 1 YES 2 PNO HOSPITAL: 1 Inpetient 2 ER/Out		OTHER:									
- 10	27. MANNER OF DEATH 1 Netural 5 Pending 28a. DATE OF INJURY (Month, Day, Year)		OF 28c. INJURY AT WORK?	28d. DESCRIBE HOW	NJURY OCCURED							
D BY	2 Accident Investigation 3 Suicide 8 Could not be 28s. PLACE OF INJUR	Y — At home, farm, at	M 1 YES 2 NO	281. LOCATION (Street	and Number or Rural i	Route Number						
ш	4 Homicide determined	эспу)		City or Town, State)								
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of ray known one) 2 MEDICAL EXAMINER: On the best of axamination	wiedge, death occurred on and/or investigation	at the time, data and place, and of in my opinion, death occured at	us to the cause(s) and me he time, data and place, ar	nner as stated.	s) and menner as stated.						
BE	STOWER HO ES	0	29c. LICENSE I		29d. DATE SIGNED	(Month, Day, Year)						
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, F	rint)	067	1 2/5/	142						
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE BUNNERS STATES	9410 OL	D GEORGE TO	WM ROAD	BE	THESOA						
- 11	31. DATE FILED (Month, Day, Yber) FEB 18 1992 32. REGISTRAR'S SIGN	MALA Branda	00									

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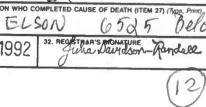
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em 28 is marked, or item 23 shows any injury, or other traumatic event, the me	
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_	1 - STATE REGISTRAR	STATE OF MA	ARYLAND / DEF			HEALTH AND DEATH		NTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Last)	Pinni 1					2.	DATE OF DEATH	AY	YEAR	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER	PIPPIN 5. SEX	Shirley				- 6	10 11	9	2	8:45 pm		
	064226125	1 M 2 F	B. AGE (In yrs. lest birtho	MONTH	DER I YEAR	HOURS M	RS. 7. (DATE OF BIRTH (Month, Day, Ybar) 19-29-2	0	8. BIRTHP Country)	111		
	9e. FACILITY NAME (If not institution, give a			9b. C	TY, TOWN	OR LOCATION (OF DEATH	7-07-00	9c. COUNT	NEW DE DE	YORK.		
8	WASH INGTON ADVENT	TIST HOSPIT	AL					MARAND		-mA	nery		
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 10b. COUNT	Y	100	CITY, TOW	N OR LOCA	TION			7.7				
	MO PRII				10d. INSIDE CITY LIMITS? 1 M YES 2 NO								
FUNERAL	10. STREET AND NUMBER	04			-10	H. ZIP CODE			10g. CITIZI		IAT COUNTRY?		
Ä	6514 PARKOVAY	32		5									
5	11. MARITAL STATUS 1 Never Married 2 Merried	FORCES? 1	EVER IN U.S. ARMED YES 2 NO	1	If yes, sp	pecify Cuban, Me	exicen, Pu	RIGIN? (Specify Yes	or No- 1	4. RACE - Black,	- American Indian, White, etc.		
B	3 Widowed 4 X Divorced	3 Wildowed 4 Divorced IF YES, GIVE WAR OR OATES 1 YES 2 NO Specify:								Specify			
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working											
ة	Elementary/Secondary (0-12)	College (1-4 or 5+)	IIIe. Do NO	tary	1.)				N.O.A				
e e	17. FATHER'S NAME (First, Middle, Last)	S NAME /	First, Middle, Meiden	2110012	1.A.								
BEC	Rexford Charles		artin	Surrieme)									
10 B	19a, INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street end Number or Rural Route Number, City or Town, Stete, Zip Code)												
	Patricia Conover		651	4 Par	kway	Court,	Нуа	ttsvill	e, MD	2078	32		
	20e. METHOD OF DISPOSITION XXBurlel 2 Cremation 3 Rem	oval from State	20b. PLACE AND DA cemetery, crematory	TEOF DISP	OSITION (N	ame of	0/15	OATE 20c. LO	CATION — CI	ty or Town	n, State		
	21. SIGNATURE OF FUNERAL SERVICE (IC	ENDEE /	meright (1 2	2. NAME AI	ND ADDRESS O	E FACILITY	V			Carolina		
1	1814	13. Va		F	ranc	is Gasc	h's	Sons Fun	neral	Home	PA PA		
	23. PART i. Enter the dieeasee, or o	complications that of	caused the death. D	o not ent	/39]	Baltimo	re A	ive., Hy	attsvi	11e,	MD 20781		
	interval Betwee												
	disease or condition resulting in death)												
	DUE TO (OR AS A CONSEQUENCE OF):												
NO NO	Sequentially list conditions, Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF):												
CAT	if any, leading to immediate cause. Enter UNDERLYING	Mrai	ttellis	WE							İ		
ERTIFICATION	CAUSE (Disease or injury that initiated eventa resulting in death) LAST	OUE TO (O	R AS A CONSEQUENCE	OF):							1		
	resulting in death) CAST	1											
AL	PART il. Other algnificant condition	a contributing to de	eath but not reaulting	g in the	underlyin	g ceuse giver	In Part				TERE AUTOPSY FINDINGS		
MEDICAL								PERFOR	MED?	0	MAILABLE PRIOR TO OMPLETION OF CAUSE		
											F DEATH?		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL												
Sic	EXAMINER?	HOSPITAL:	R/Outpatient 3 🗆 DO/	ОТНЕ	ER:	ACE OF DEATH							
Ť	27. MANNER OF DEATH	28e. OATE OF IN	JURY 28b.	TIME OF	28c. INJ			Other (Specify) OESCRIBE HOW II	NJURY OCCU	RED			
ВУБ	1 Natural 5 Pending 2 Accident Investigation	(Month, Day,	rear)	INJURY		YES 2 NO		-					
ED	3 Suicide 5 Could not be 4 Homicide determined	28e. PLACE OF II building, ato	NJURY — At home, ferr c. (Specify)	n, street, fe	ctory, offic	•	28t.	LOCATION (Street e City or Town, State)	nd Number or	Rural Rou	te Number,		
ET	an organiza												
COMPLET	(Check only	CIAN: To the best of my	knowledge, death occ	urred at the	time, date	end place, and	due to the	couse(e) end man	ner as stated.		W.		
	2 MEDICAL EXAMINES 29b. SIGNATURE AND SITLE OF CERTIFIER			nion, in my	opinion, d			date end place, end					
BE	United /	Elsen				29c. LICENSE	NUMBER		29d. DATE S	GNEO (N	Ionth, Day, Year)		
12	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH STEM OF ST	no fluida		1-0	100		0	10/	7×		



RD

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Frint)

ELSON 6505 Delcrest

Hyattsville MD 20782

BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be manned by us huspital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 and the difference of for use as the burial-transit permit. Pages 1, 2, 3 should the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be mained by the housepital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the it be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF	MARYLAND	/ DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
	С	ERTIFICATE	OI	F DEAT	TH		REG. NO.
 						_	

	1 - FOR STATE (F MARYLAND / DEPART CERTIFIC	MENT OF HEALTH AND	MENTAL HYGIENE REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH MONTH DAY	3. TIME OF DEATH						
	James	PROCTOR		February 18 1992 11:4							
	4. SOCIAL SECURITY NUMBER 5. SEX 1 [XM 2]	92 yrs. 1	IF UNDER 1 YEAR IF UNDER 24 HRS. HOUTHS DAYS HOUTHS MIN.	October 25,189	9 MARYLAND						
OR	9a. FACILITY NAME (It not institution, give street and number Doctors Community Hospi		b. CITY, TOWN OR LOCATION OF D Lanham	1.7.7.7.1	inty of death ice George						
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	10c. CITY,	TOWN OR LOCATION		10d. INSIDE CITY						
	MARYLAND PRINCE GEOR	GE'S	LANHAM		LIMITS?						
FUNERAL	9120 CRANDALL ROAD		101. ZIP CODE 20	706	U.S.A.						
B	1 Never Married 2 Married FORCES?	EDENT EVER IN U.S. ARMED 1 YES 2 NO VE WAR OR DATES	13. WAS DECEMBENT OF HISPA If yes, specify Cuben, Maxic 1 YES 2 NAO Speci	NIC ORIGIN? (Specify Yea or No— an, Puarto Rican, atc.) fy:	14. RACE — American Indian, Black, White, atc. Specify: BLACK						
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4	or 5+) ille. Do NOT use	rk done during most of working retired.)	16b. KIND OF BUSINESS/IN							
MP	6th grade	LABORE			PUBLIC WORKS						
BE CC	WARY D. NEWMAN										
2											
	20e METHOD OF DISPOSITION 1-0-feurlet 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	20b. PLACE AND DATE OF	DISPOSITION (Name of CEMETERY	4 4	INGION, D.C.						
	21. SIGNATURE OF PUNETAL SERVICE LICENSEE	1		ERAL HOME, INC. LACE, N.E. WASH							
	23. PART I. Enter the diseases, or complications abook, or heart fellure. List only one	that caused the death. Do no cause on each line.	t enter the mode of dyling, suc	ch as cardiac or respiretory as	rrest, Approximate Interval Batween						
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Cardiac	arrest		Onset and Death						
NO	Sequentially list conditions,	Candal E TO (OR AS A CONSCOUENCE OF): E TO (OR AS A DONSEOUENCE OF):	ne bear	Parler	w.						
CERTIFICATION	CAUSE (Disease or Injury	E TO (OR AS A CONSEQUENCE OF):									
CERTI	resulting in death) LAST										
A	PART II. Other algorificant conditions contribution	g to deeth but not resulting in	the underlying ceuse given in	Part I. 24s. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO						
MEDIC				1 □ YES 2 🙀 NO	COMPLETION OF CAUSE OF GEATH? 1 — YES 2 — NO						
N.					X						
SICI/	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO TO INDICATE TO MEDICAL HOSPITAL 1 INDICATE TO MEDICAL		26. PLACE OF DEATH (C								
PHYSICIAN:	27. MANNER OF DEATH 28s. DAT	E OF INJURY 28b. TIME INJURY INJURY	RY WORK?	28d. DESCRIBE HOW INJURY OF	CCURED						
ED BY	2 Accident Investigation 3 Suicide 8 Could not be built buil	CE OF INJURY — At home, term, atr ding, etc. (Specify)	M 1 YES 2 NO	28t. LOCATION (Street and Number City or Town, State)	er or Rural Route Number,						
COMPLETED	M-070777	est of my knowledge, death occurred	at the time, data and place, and du-	to the cause(s) and mariner as at	rfed.						
СОМ	one) 2 MEDICAL EXAMINER: On the basis		In my opinion, death occured at the	time, data and place, and due to t	the cause(s) and manner as stated.						
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER 5 MM	llow n	D 29c. LICENSE NU	MBER 29d. GAT	2 - 18 - 9 2						
-	30. NAME AND AODRESS OF PERSON WHO COMPLETED	CAUSE OF DEATH (ITEM 27) (Type, F	rint)								
	31. DATE FILEO (Month, Day, Year) 32. REGI	stran's signature	200								



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ALTIMORE, MARYLAND 21215-0020

BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	D THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be fled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARY		TMENT OF		MENTAL HYGIEN REG. NO		-				
	1. DECEDENT'S NAME (First, Middle, Last) JAMES	PERRY					ay ye 0 9	3. TIME OF DEATH 2 11:40 p M				
	4. SOCIAL SECURITY NUMBER 216-82-0318 9a. FACILITY NAME (If not institution, give s	1 🔯 M 2 🗌 F	(In yrs. lest birthday) 86 YRS.	MONTHS DAYS	F UNDER 24 HRS. HOURS MIN. OR LOCATION OF DI	7. DATE OF BIRTH (Month, Day, Year) 02-21-05	I	BIRTHPLACE (State or Foreign Country)				
TOR	CORSICA HILLS N	9c. COUNTY QUEEN	ANNES									
DIRECTOR	10a. STATE 10b. COUNTY	N ANNES	10c. CITY	CENTRE				10d. INSIDE CITY LIMITS? 1 VES 2 NO				
	100. STREET AND NUMBER P.O. BOX 50			11	21617			OF WHAT COUNTRY?				
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 (2)NO	13. WAS DE If yes, s 1 — YE	CENDENT OF HISPAI	NIC ORIGIN? (Specify Yenn, Puerto Rican, etc.) y:	US or No 14.	RACE — American Indian, Black, Whita, atc. Specify:				
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 11th	CATION completed) College (1-4 or 5+)	life. Do NOT us	vork done during n e retired.)	ON ost of working	SINESS/INDUS						
E COMF	17. FATHER'S NAME (First, Middle, Last) UNKNOWN		UNK	NOWN		ME (First, Middle, Maiden	UNKNOV Sumama)	/N				
TO BE	19a. INFORMANT'S NAME (Type/Print) MILDRED MOSE Y				and Number or Rural	Route Number, City or Tow						
	20a. METHOD OF DISPOSITION 1	oval from State	b. PLACE AND DATE cemetary, crematory RICHARDS	ON CEME	TERY (DATE 20c. LC	EASTON.	MD. 21601				
	21. SIGNATURE OF PUNERAL SERVICE LIC	Raine C_		1.0.	50A 925	ST. HURLO						
	23. PART. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, abock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition a DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
CERT	resulting in deeth) LAST	d										
MEDICAL	PART II. Other eignificent condition	ne contributing to deeth	but not resulting i	in the underlyi	ng ceuse given in	Part i. 24a. WAS AP PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28.	PLACE OF DEATH (C)	heck only one)						
HYSI	1 TYES 2 NO 27. MANNER OF DEATH	1 ☐ inpatient 2 ☐ ER/Ou 28s. DATE OF INJURY		Mursing Ho	me 5 🗆 Rasidence	6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUR	NED.				
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	28b, Tipf		VES 2 NO							
	3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJUF building, etc. (Sp		street, factory, off	ce	281. LOCATION (Street City or Town, State		Rural Route Number,				
COMPLETED	onel	ICIAN: To the best of my kno ER: On the basis of exeminati						ause(s) and manner as stated.				
TO BE C	296. SIGNATURE AND FITLE OF CERTIFIE	Smill	h		29c. LICENSE NU	MBER	29d. DATE S	IGNED (Month, Day, Year)				
F	30. NAME AND ADDRESS OF PERSON WH	IO COMPLETED CAUSE OF O	ЕАТН (ІТЕМ 27) (Тура,	, Print)								
	31. DATE BLED (MOTHIN, Bay Year)	32. REGISTRAR'S SIG	Pandell									

BALTIMOBE MARYLAND 21215-0020

he hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, more as should be detach be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner mack be newfled at once.
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TAMPES 60 PORPTER 20a. METHOD OF DEPOSITION PS Burds 2 Orenation 3 Removed from State 4 Deposition 5 Other (Doubt) 21. SIGNATURE OF TUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACLUTY SOWERS FUNERAL HCME, P. A. 60 W. MAIN ST., FROSTBURG, MD 21502 23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, infervite disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, infervite disease or condition. (Insuling in death) A. OUE TO (OR AS A CONSEQUENCE OF): 25. WAS CASE REFERRED TO MECOICAL EXAMINER? PART II. Other algipificant conditions contributing to death but not resulting in the underlying cause given in Part I. 26. WAS CASE REFERRED TO MECOICAL EXAMINER? 27. WAS CASE REFERRED TO MECOICAL EXAMINER? 28. WAS CASE REFERRED TO MECOICAL EXAMINER? 29. WAS CASE REFERRED TO MECOICAL EXAMINER? 29. WAS CASE REFERRED TO MECOICAL EXAMINER? 29. WAS CASE REFERRED TO MECOICAL EXAMINER? 29. WAS CASE REFERRED TO MECOICAL EXAMINER? 29. WAS CASE REFERRED TO MECOICAL EXAMINER? 29. WAS CASE REFERRED TO MECOICAL EXAMINER? 29. WAS CASE REFERRED TO MECOICAL EXAMINER? 29. WAS CASE REFERRED TO MECOICAL EXAMINER? 29. WAS CASE REFERRED TO MECOICAL EXAMINER? 29. WAS CASE REFERRED TO MECOICAL EXAMINER? 29. WAS CASE REFERRED TO MECOICAL EXAMINER? 29. WAS CASE REFERRED TO MECOICAL EXAMINER? 29. WAS CASE REFERRED TO MECOICAL EXAMINER? 29. WAS CASE REFERRED TO MECOICAL EXAMINER? 29. WAS CASE REFERRED TO MECOICAL EXAMINER? 20. WAS CASE REFERRED TO MECOICAL EXAMINER? 20. WAS CASE REFERRED TO MECOICAL EXAMINER? 20. WAS CASE REFERRED TO MECOICAL EXAMINER? 20. WAS CASE REFERRED TO MECOICAL EXAMINER? 20. WAS CASE REFERRED TO MECOICAL EXAMINER? 20. WAS CASE REFERRED TO MECOICAL EXAMINER? 20. WAS CASE REFERRED TO MECOICAL EXAMINER? 20. WAS CASE REFERRED TO MECOICAL EXAMINER TO REPORT TO THE DEATH OF THE DEATH OF THE DEATH OF THE DEATH OF THE DEATH OF THE DEATH		190, INFORMANT'S NAME (7)	rpe/Print)		1	9b. MAILING	ADDRES	S (Street a	nd Number	or Rural Rou	te Number, Ci	ity or Town	, Stote, Zip	Code)	
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22. NAME AND ADDRESS OF FACILITY SOWERS FUNERAL HOME, P.A. 60 W. MAIN ST., FROSTBURG, MD 21532 23. PART I. Enter the diseases, or complications that caused the death. Do not enter tha mode of dying, such as cardiac or respiratory arrest, interval Between constitutions and constitutions. It any, isselfing to immediate cause, Enter UNDERLYNO due to (OR AS A CONSCOUENCE OF): 5. Sequentially list conditions, I any, isselfing to immediate cause, Enter UNDERLYNO due to (OR AS A CONSCOUENCE OF):		4 Donation 5 Other	rematory or o	ther plece)	L PA	ARK	i i	2/15	CUME	BERLA	ND.	MD 21502			
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3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 282. CERTIFIER Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) end manner as stated. 282. LICENSE NUMBER 283. LICENSE NUMBER 284. DATE SIGNEO (Month, Day, Veer) 285. SIGNATURE AND TITLE OF CERTIFIER 296. DATE SIGNEO (Month, Day, Veer) 286. LICENSE NUMBER 286. LICENSE		1 Natural 5 🗆 F		28e. OATE OF	INJURY	28b. TIM	E OF	28c. INJI WO	JRY AT	28			JURY OCC	CURED	
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER D2495 FIG. 14. 92 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print) TERRACE, FROSTBURG M. J. 353 31. DATE FILED (Month, Day, Year) 32. BEGISTRAR'S SIGNATURE		3 Suicide 8 C	Could not be	28e. PLACE Of building.	F INJURY — At h	ome, farm, s	rtreet, fact				BI. LOCATION City or Tow	(Street ar	d Number	or Rural A	oute Number,
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER D2495 FIG. 14. 92 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print) TERRACE, FROSTBURG M. J. 353 31. DATE FILED (Month, Day, Year) 32. BEGISTRAR'S SIGNATURE	PLET	290. CERTIFIER 1 CERTI	FYING PHYSIC	CIAN: To the best of	my knowladge, d	auth occurre	d at the ti	me, date	end place.	and due to t	the cause(s)	end many	or an elet	ad .	
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MANGE H. OH. M.O. FOTHER TERRACE, FROSTBURG MIN 2533		Mens	Wy	uno	7	M	D		De LICE	244	75		29d. DATE	SIGNEO	(Month, Day, Year)
	-	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	E OF OEATH (ITE	M 27) (Type,	Print)	RAC	2.1	42851	BUKG	7/	401.	75	33
				32. BEGISTRA	AS SIGNATURE	2				-	/		, -		

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BALTIMORE, MARTLANI	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the last hours after death.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 show the details be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	10	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept, of Heatth and Mental Hygiene prior to burial, cremation, or removal.	MP

or attending physician. In or attending physician. Pages 1, 2, 3 should be use as the bunial-transit permit. Pages 1, 2, 3 should

1215-0020

	1 - FOR STATE REGISTRAR	STATE OF I					HEALTH A		NTAL HYGIEN		2	06155	
	1. DECEDENT'S NAME (First, Middle, Last)							2.	DATE OF OFATH		WEAR :	3. TIME OF DEATH	
	PATRICIA		STINA	PAI	RADA	FEBRUARY 3, 1					92"	5:02 P M	
	4. SOCIAL SECURITY NUMBER N/A	5. SEX	6. AGE (In yrs. la	st birthday) YRS.	IF UNDE MONTHS	DAYS 15	HOURS	MIN.	on. 19,	1992	Country)	LACE (State or Foreign	
TOR	98. FACILITY NAME (If not institution, give s THE JOHNS HOPKIN RESIDENCE OF DECEDENT	,	AL				OR LOCATION MORE	OF DEATH	BALTIMORE CITY				
DIRECTOR	10a. STATE 10b. COUNTY	e George	's		y, town	or loca	TION			10d. INSIDE CITY LIMITS?			
FUNERAL	100. STREET AND NUMBER 2404 Valley Way					10	r. ZIP CODE 207	85				tates	
B	11. MARITAL STATUS 1. Never Married 2 Married 3 Widowed 4 Divorced	IT EVER IN U.S. AF VES 2 WAR OR DATES N	NO	13.	If yes, sp 1 YES	CENDENT OF PROCESS OF SALV	Mexicen, Pu Specify:	PRIGIN? (Specify Yearto Rican, etc.)	s or No-	14. RACE - Black, 1 Specify: Spar			
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	18a. DE (G		work done se retired.)	CCUPATI			16b. KIND OF BU		A	11311		
	0 17. FATHER'S NAME (First, Middle, Last) Victor Parada	0		none					N/. First, Middle, Melden icitas				
TO BE	19a. INFORMANT'S NAME (Type/Print) Victor Parada						and Number or	Rural Route	Number, City or Tow		Code)		
			20b. PLACE			_		ever	ly, Md.				
	30s METHOD OF ORIPOSITION 1A Murtal 2 ☐ Cremation 3 ☐ Rem 4 ☐ Donation 5 ☐ Other (Specify)		cemetery, cre	ematory or o	ther place)	Cem.	2-7-0		cation — c lphi,			
	The grantum of Fundada Service Lo	SLO-	Dur	/	FI	NAME AI	NO ADDRESS	OF FACILIT	SONS FU	NERAL	HOME	E, P.A.	
	23. PART I. Enter the disasses, or canock, or haert failure. I	omplications the	t coused the de	ath. Do n	ot ante	r tha mo	ode of dying	, such as	cerdiac or respi	retory srre	st,	Approximate	
	IMMEDIATE CAUSE (Final disease or condition	RENAL	FAIL	URE								Interval Between Onset and Death	
NO	DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, Due to (or as a consequence of): 1 WEEK												
CAT	if any, laading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury	HYPO-	ENSIG	NC								1 WEEK	
CERTIFICATION	that initieted events resulting in death) LAST	DUE TO	(OR AS A CONSE	OUENCE OF	F):								
١ بـ	PART II. Other significent conditions	contributing to	deeth but not r	esuiting i	n the u	nderlyln	g cause give	en in Part	i. 24s. WAS AN	AUTOPSY		FRE AUTOPSY FINDINGS	
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2	DUODENAL										1	☐ YES 2 NO	
PHYSICIAN:	HYPERBILLER 25. WAS CASE REFERRED TO MEDICAL	UBWET	1164		_	28. PL	ACE OF DEAT	TH (Check or	nly one)				
SIC	EXAMINER?	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHE		e 5 🗆 Reside	ence 8 🗆	Other (Specify)				
ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, Da		28b. TIMI INJ	-	28c, INJ WO	URY AT PRK? YES 2 N	28d	DESCRIBE HOW I	NJURY OCCU	RED		
B	3 Suicide 8 Could not be determined	28a. PLACE O building,	F INJURY — At ho atc. (Specify)	me, farm, s	treet, fac	lory, offic	•	281.	LOCATION (Street a City or Town, State)	and Number of	Rural Rou	te Number,	
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINER	CIAN: To the best of t: On the basis of ea	my knowledge, de remination and/or (ath occurre	d at the t	ilme, date	and place, an	d due to the	e cause(s) end man	ner es stated	i. cause(s) a	and menner as stated.	
ш	296. SIGNATURE AND TITLE OF CERTIFIER	111 N					29c. LICENS					fonth, Day, Year)	
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32. REGISTINGS TOWNING Pandell



1992

3. TIME OF DEATH 1:30 P

DHMH-16 Rev 1/89

2. DATE OF DEATH DAY February 15,

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

Edward W. Pilchard

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OF VITAL RECORDS, P.O. BOX 13146,	at no attracting physician. The law requires that the death certificate be executed within
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1		4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs.	lest birthday)	IF UNI	DER 1 YEAR	IF UNDER	MIN.		OF BIRTH h, Day, Year)		8. BIRTHPLA Country)	NCE (State or Foreign
		215 20 147		1 💢 M 2 🗌 F	66	YRS.		MONTHS DATE NOONS MIN.		11/30/1925			Maryl		
shoul		9a. FACILITY NAME (If not in					9b. C	ITY, TOWN			EATH		9c. COUNTY OF DEATH		Н
2, 3 should	DIRECTOR	117 W. N		Street				Snow	Hil	1			V	lorces	ter
les 1.	<u>교</u>	10a. STATE	10b. COUNTY	r		10c. CI	TY, TOW	N OR LOCA	TION					10	d. INSIDE CITY LIMITS?
r. Pag	E	Maryland	Wor	cester			Si	n ow H	ill					13	YES 2 NO
Sermit	A.	10e. STREET AND NUMBER						10	f. ZIP COD				10g. CITIZ	ZEN OF WHA	T COUNTRY?
ansit j	IERAL	117 W.	Marti	n Street						218	63			USA	
be detached for use as the burial-transit permit. Pages 1, at once.	BY FUNI	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo		FORCES?	CEDENT EVER IN U.S. ARMED 57 1 Tyes 2 Mino GIVE WAR OR DATES			If yes, sp		nn, Maxica	in, Puerto	N? (Specify Yea Rican, atc.)	or No—	Black, W Specify:	American Indian, Thita, atc. White
as t	8		EDENT'S EDU			16e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF					. KIND OF BUS	SINESS/IND		MILLOG	
or use		(Specify online Elementary/Secondary (I	y highest grade 0-12)	completed) College (1-4 or 5		(Give kind of life. Do NOT u	work do	ne during mo d.)	ost of worki	ing					
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detac	ő	17. FATHER'S NAME (First, M		16. MOTHER'S NAME (First, Middle, Maiden Surname)						•					
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be notifi		Ellen F.							H WO.	ill, M					
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signed by the attending physician and completely filled in by the funeral director. Heatth and Mental Hygiene prior to burial, cremation, or removal.		IMMEDIATE CAUSE (FI	eart failure.	complications th List only one ca			not en	iter the mo	ode of dy	/Ing, suc	ch aa car	diac or reap	iratory arr	est,	Approximate Interval Between Onset and Deat
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g phy jene	Ĕ	CAUSE (Disease or Injuthat Initiated events		DUE TO	OR AS A CON	SEOUENCE (OF):								
al Hyo	CERTIFICATION	resulting in death) LAS	a L	d											
ed by the att th and Menta any Injury,		PART II. Other aignifica	ant condition	ns contributing to	o death but no	t resulting	In tha	underlylr	ng cause	given in	Part I.	24a. WAS AN			ERE AUTOPSY FINDINGS
d by	EDICAL	SELECT	E EN	PHYSEN	MA			PERFO			PERFOI		C	MILABLE PRIOR TO OMPLETION OF CAUSE	
signe Health	9														F DEATH?
Sh of	4: M														
te has b ate Dept.	CIAN:	25. WAS CASE REFERRED 1 EXAMINER?	TO MEDICAL				7		PLACE OF	DEATH (C	heck only o	ine)			
th the State	Sic	1 X YES 2 □ NO		HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTH 4 🗆	HER: Nursing Ho	me 5 F	Rasidence	6 🗆 Oth	er (Specify)			
this cer with th	PHYSI	27. MANNER OF DEATH	m	28a. DATE O (Month,	F INJURY Day, Year)	26b. TI	YAULY	w	JURY AT		28d. DE	SCRIBE HOW	INJURY OC	CURED	
	Β¥	1 Natural 5 2 Accident	Pending Investigation				N	1	YES 2	□ NO	-				
after de 28 Is	ED	3 Suicide 6 4 Homicide	Could not be datarmined	26a. PLACE building	OF INJURY — At p, atc. (Specify)	home, farm	, atreet,	factory, offi	ca		2af, LO	CATION (Street or Town, State	and Number)	or Rumi Rou	te Number,
DIRECTOR: After hours after death Item 28 Is ma		29a. CERTIFIER													
30 H	COMPLET	(Check only		ER: On the best of											nd manner as stated.
TO THE FUNERA be filed within 7 iMPORTANT:	ш	29b. SIGNATURE AND TITL	E OF CERTIFIE	R S	vitto (· Alex	4.70	H m	W %	CENSE NU					fonth, Day, Year)
De file	8	LERGITHY	, C,	HOLZM	HITTE			11/2	2	042	41		1	7-15-	22
	욘	30. NAME AND ADDRESS O		HOLZWOZ		TEM 27) (Typ	pe, Print)	64)5	-	Sit	d b	fue,	Mo	7/2	7/3
	,	31. DATE FILED (Month, Day	; Year)	32. REGISTE	RAR'S SIGNATUR	E					/	/	2.00	and the	
	8	FEB 1 8 '9	2	Julia Da	vidson-Ra	nds00									
				17											

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

17177 17

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BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within zerology after death. Page 6 may be retained by the hospital or attending physician.	TO THE PUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	notified at once.
BALTIMORE,	Nours after death. Page 6 may 1	ed in by the funeral director, pag or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	in z	ely fille	the
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	executed within	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the f be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	natic event,
X	te be e	ysician prior to	traum
.C	ertifica	Ing phy ygiene	other
9.	death o	attend ental H	ry, or
3DS,	at the	by the	ny inju
COF	uires th	signed Health	DWS an
R	law req	ept. of	23 she
TAL	The !	cate ha	item 2
FVI	SICIAN	certific	d, or
0	G PHY	er this	narke
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NIC	OR AT	DIRECT YOURS 3	tem 2
	PITAL	ERAL I	THE
	E HOS	E FUN	HTAN
	TO TH	TO TH	IMPO

30. NAME AND ADDRESS OF

31. DATE FILED (Month, Day, Year)

FEB 2 0 1992

who completed completed completins

32. REGISTRAR'S SIGNATURE
Lia Davidson-Rondalla

1. DECEDENT'S NAME (First, Middle, Last)					OF			2. DATE	OF DEATN			3. TIME OF DEAT	N
OLONZO	PRATHE	P.R						FEB	RUARY D	15,1	992	10:00a.	m. M
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	l birthday)	IF UNDER	-	IF UNDER 2		7. DATE	OF BIRTH		8. BIRT	THPLACE (State or Fo	reign
214-08-5041	XX M 2 G F	7	YRS.	MONTHS	DAYS	HOURS	MIN.	1	25 19	87	M	ARYLAND	
9a. FACILITY NAME (If not institution, give st	reet and number)					R LOCATIO		EATN			INTY OF		
THE JOHNS HOPKINS	HOSPITA	L		BALI	TMUR	RE CI	TY			BAL	TIMO	ORE CITY	
10a. STATE 10b. COUNTY	,		10c. CIT	ry, town o	R LOCATIO	ION						10d. INSIDE CITY	31
MARYLAND ANN	IE ARUNI	EL		ANNA	POL	IS						1 YES 2	NO
10e. STREET AND NUMBER						ZIP CODE						F WHAT COUNTRY?	
1917 E. COPELA						1401					.s.		
11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 27 X		- 81	f yes, spe		, Maxica	n, Puerto	N? (Specify Ye Rican, atc.)	a or No—	Spe	CE — American India ack, Whita, atc. ec/ly:	n,
15. DECEDENT'S EDUC (Specify only highest grade		16a. DE	CEDENT'S	Work done of	CCUPATIO	N of all working	,	168	. KIND OF BU	SINES\$/IN			
Elementary/Secondary (0-12)	College (1-4 or 5 +	H/a	. Do NOT u	ise retired.)		o. worning							
			ST	UDEN	T								
17. FATNER'S NAME (First, Middle, Lest) ROBERT PRAT	HER								Middle, Malder				
19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	O ADDRESS	(Street an	nd Number	or Rural	Route Num	nber, City or Tox	vn. State. Z	in Code)		_
PATRICIA SAVOY	7		917									MD. 214	01
20a. METNOD OF DISPOSITION 1 XBurial 2 Cremation 3 Rem	ovel from State	20b. PLACE other pl	OF DISPO	SITION (Ne	me of cem	netery, crem	atory or	•	20c. L0	CATION -	- City or	Town, Stata	
4 Donation 5 Other (Specify)				N ME				OH 1774	AND	NAPO	LIS	, MD.	
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22.1	NAME AN	D ADDRES	S OF FA		AND RTUAI				
	complications the List only one cou	PINE	eth. Do	RE 82	ESE 1 W	& S EST da of dyle	SOFFA	S MO A N	RTUAI INAPOI	RY,	P.A MD		etween d Death
21. SIGNATURE OF FUNERAL SERVICE LIC	complications the List only one ceu	PINE	ELAW Beath. Do OUENCE C	RE 82 not enter	ESE 1 W	& S EST da of dyle	SOFFA	S MO A N	RTUAI INAPOI	RY,	P.A MD	21401 Approxim Interval B Onset and	etween d Death
21. SIGNATURE OF FUNERAL SERVICE LIC	e. Prim DUE TO DUE TO d.	PINE Con as a conse (OR AS A CONSE	ELAW De the Do OUENCE C	RE 82 not enter	ESE 1 W the moo	& SEST	S OF FA	S MO A N h as car	RTUAF INAPOI rdiec or resp	RY, IS, plratory a	P.A.M.D.	21401 Approxim Interval B Onset and	etween of Death of De
21. SIGNATURE OF FUNERAL SERVICE LIC	e. Prim DUE TO DUE TO d.	PINE Con as a conse (OR AS A CONSE	ELAW De the Do OUENCE C	RE 82 not enter	NAME ANI ESE 1 W the moc	ADDRESS & SEST da of dyle	S OF FA	S MO AN	RTUAFINAPOI	RY, IS, plratory a	P.A.M.D.	2 1 4 0 1 Approxim Interval B Onset and S M S M S M S M S M S M S M S M S M S	etween d Death
23. PART I. Enter the diseases, or a shock, or hear fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO d. HOSPITAL:	PINE Consect the descent and	ELAW Delta Courage Co	R E 8 2 not enter	NAME ANI ESE 1 W the moc	D ADDRESS & S EST da of dyle COMPANY CARROLL	S OF FAR S O	Part I.	RTUAFINAPOI	RY, IS, plratory a	P.A.M.D.	2 1 4 0 1 Approxim Interval B Onset and S M S M S M S M S M S M S M S M S M S	etween of Death of De
23. PART I. Enter the diseases, or ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that inlitated events resulting in death) LAST PART II. Other algnificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending	DUE TO d. Complications the List only one course. DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO	PINE Coursed the dese on sech line (OR AS A CONSE (OR AS A CONSE death but not sech line ER/Outpetient 3	ELAW Death. Do OUENCE C QUENCE C GUENCE C TO THE THE THE THE THE THE THE THE THE THE	RE 8 2 not enter	TOCK TOCK	D ADDRESS & S EST da of dyle COMPANY CARROLL	S OF FAR S O	Part I.	RTUAFINAPOI	N AUTOPSYPHED?	P.A.M.D.	21401 Approxim Interval B Onset and S M S M S M S M S M S M S M S M S M S	etween d Death
23. PART I. Enter the diseases, or a shock, pr hearf failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other aignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending	DUE TO DUE TO DUE TO C. DUE TO DU	PINE Coursed the dese on sech line (OR AS A CONSE (OR AS A CONSE death but not sech line ER/Outpetient 3	ELAW Death. Do OUENCE C QUENCE C QUENCE C Tesulting	PF: OTHER ME OF NUM ME OF	TOCK TOCK	D ADDRESS & S E S T da of dyle ACE OF DI ACE OF DI ON THE S O	S OF FAR S O	Part I.	RTUAFINAPOI rdlec or resp rdlec or resp rdlec or resp rdlec or resp rdlec or resp rdlec or resp resp	N AUTOPSY PRIMED? 2 NO INJURY O	P.A.M.D.	21401 Approxim Interval B Onset and S M S M S M S M S M S M S M S M S M S	etween d Death

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BALTIMORE, MARYLAND 21215-0020	ned by the hospital or attending physician. ould be detached for use as the burial-transit permit. Press	lled at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages the within 72 hours after death with the State Debt, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTO

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR	SIAIE UF N			RIMENT OF ICATE OF			MENTAL HYGIEN REG. NO	_		
1. DECEDENT'S NAME (First, Middle,	Last)						2. DATE OF DEATH			3. TIME OF DEATH
EVANTI	HIA	PSOI	MADA	KIS			Feb. 23	AY T C	9 9 2	9,0/P. M
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER I YEAR		R 24 HRS.	7. DATE OF BIRTH	1 4 -	a. BIRTH	IPLACE (State or Foreign
217-32-9529	1 ☐ M 2 💢 F	90	YRS.	MONTHS DAYS	HOURS	MIN.	Feb. 2, 19	0.2	Counti	rkey
9a. FACILITY NAME (If not institution,	give street and number)			9b. CITY, TOWN	OR LOCAT	ION OF OE			JNTY OF D	
18 Southgate	Avenue			Anna	poli	S		Ar	1110	Arundel
RESIDENCE OF DECEDEN	T							37.1	III C	MIUMUEL
			10c. CIT	Y, TOWN OR LOC	TION					10d. INSIDE CITY LIMITS?
Maryland A	nne Arund	el		Annar						1.X YES 2 NO
100. STREET AND NUMBER				1	H. ZIP COD	_		10g. CIT	TIZEN OF V	VHAT COUNTRY?
18 Southgat					2]	401			U.S	.A.
11. MARITAL STATUS 1 Never Merried 2 Married		T EVER IN U.S. ARI		13. WAS OF	CENDENT (OF HISPAN	IC ORIGIN? (Specify Year, Puerto Rican, atc.)	or No-	14. RACE	— American Indian, k, White, atc.
3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES			8 2 NO				Speci	Mv.
15. DECEDENT'S	EDUCATION	Ma DE	CEDENTIA	USUAL OCCUPAT			1		Whi	се
(Specify only highest	grade completed)	(G/	ve kind of a	work done during m	ON ost of world	ng	16b. KIND OF BUS	SINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5 +)					n 2 7 7 7		D.	7 .
17. FATHER'S NAME (First, Middle, Las	0		rop	rietor		100 ID 1144	Bill:	_	l ra	rior
							RE (First, Middle, Maiden			
Stephanos Dio	IdKIS	104	MAILINO	ADDRESS /Come	SOT	ler	a Asland:	18		0.43.0.4
Olga Samaras										24134
20e. METHOD OF DISPOSITION			1101	OF DISPOSITION (A	ain		e Ave.,P			
1.30 Buriel 2 Cremetion 3 C 4 Donation 5 Other (Solety)	Removal from Stata	cemetery, crer	metory or of	ther place)	ame of	2/2	0/94		City or To	- 1-1-
21. SIGNAYOR OF FUNDING SERVICE	E VICENSEE	19. 00	emec	22. NAME A			Anna	apol	is,	MD
Valtan	1 Tars	Van .					ral Chap	٦		21401
Jeffag	4. //			1147	Glou	Ces	ter St.	Anna	fogs	
23. PART I. Enfor the diseases,	or complications that ure. List only one ceu	causad the day	ath. Do n	not entar tha m	oda of dy	ing, such	ss cardiac Dr reapi	ratory ar	rast,	Approximata
IMMEDIATE CAUSE (Finel disease or condition	2766	a /	\cap	M						interval Between Onset and Death
reaulting in death)		OR AS A CONSEO	VENCE OF	Di			A			
	- (Por	a Que	Do	Ster	osch	211	m			
Sequentially list conditions, if any, leading to immediate	DUE TO	OR AS A CONSEO	UENCE OF	7:						
cause. Enter UNDERLYING CAUSE (Disease or injury	c							,		
that initiated eventa resulting in death) LAST	DUE TO	OR AS A CONSEO	UENCE OF	ŋ:						
resulting in death) LAST	d									+ [
PART II. Other significant cond	Itions contributing to	death but not re	eaulting i	n the underlyin	0.000000	viscon In C	Part I. 24e. WAS AN		1	
i Ascuració	5 (157)	3 0	LN	le De		Jiven III r	PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
11 8 10 80.	0 0 000	0.6		- 320		a d	1 TYES 2			OF DEATH?
4. properties	4 Co for	Contraction .					_			1 TYES 2 NO
25. WAS CASE REFERRED TO MEDICA										
EXAMINER?	HOSPITAL:	ELISA ISA		26. P	ACE OF D	EATH (Chec	ck only one)			
1 YES NO	1 □ Inpatient 2 □		-			eldence 6	☐ Other (Specify)			
Natural 5 Pending	(Month, De	y, Year)	26b. TIME INJU	URY WO	URY AT		28d. DEŞCRIBE HOW IN	JURY OC	CURED	
2 Accident Investiget		IN NURV. As be-	4	M 1 🗆						
4 Homicide 6 Could not determine	Duliging, a	INJURY — At horn itc. (Specify)	не, тепп, в	treat, factory, offic	•		261. LOCATION (Street a: City or Town, State)	nd Number	or Rural A	oute Number,
29a. CERTIFIER										
(Check only one) 2 MEDICAL EXAL	HYSICIAN: To the best of ax	my knowledge, dea emination and/or in	th occurre	d at the fime, date	and place,	and due to	o the cause(s) and man	ner as stat	led.	
29b, SIGNATURE AND TITLE OF CERT										
Eller &	theel			2	LICE	P (/I	ER ?	29d, DAT	SIGNED	(Month: Day, Year)
30. NAME AND ADDRESS OF RERSON	WINO COMPLETED CAUS	E OF DEATH (ITEM	27) (Type	Print	0	15		0	101	()/
31. DATE FILED (Month, Day, Year)	4 hul-g	~~	1281	145C	06	1	Pte_F, E	me:	20	Jun /
FEB 2 5 1992	Julia Davidso	A AMOUNT DE	•				(5	

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

100	1. DECEDENT'S NAME (Figur, Middle, Last)	C. PE	THERE	NO BAUM		2. DATE OF DO	Jy 9	3. TIME OF D
	4. SOCIAL SECURITY NUMBER 216-44-2932	1 💢 M 2 🗆 F 8	5 YRS.	MONTHS DAYS I	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BI (Month, Day, 03-08	3-06	B. BIRTHPLACE (State of Country) Pennsyl
СТОЯ	9a. FACILITY NAME (If not institution, give at Anne Arundel M RESIDENCE OF DECEDENT			Annap		ATH		e Arunde
DIREC	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Annapolis							10d. INSIDE C LIMITS? 1X YES 2
IERAL	100. STREET AND NUMBER 6309 River Cre	scent Driv	е		2 1 4 0 1		US.	ZEN OF WHAT COUNTRY A
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married XXWidowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 7 90	If yes, spec	NDENT OF HISPAN Ify Cuban, Mexica XXVO Specifi	n, Puerto Rican,		14. RACE — American In Black, White, etc. Specify: White
LETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)						of Business/ino	
COMPL	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA		Maiden Surname)	ICAI
ы О	George B. Baum					Micha	el	
	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Street and					
2	Virginia Umber	ger	249 7	Abbots	Lane,	Arnol	1,MD 2	1012
	20a. METHOD OF DISPOSITION 1 ☐ Burlal 2 ☑ Oremation 3 ☐ Ren	20s. METHOD OF DISPOSITION 20			Vame	DATE	20c. LOCATION —	City or Town, State
	4 Donation 6 Other (Specify)	Metro Ci	remator				ore, MD	
	21. SIGNATURE OF FUNERAL SERVICE LI	1 Harles	5 Parts Do n	12 Ri	dgely	Ave.	Homes. Annapol	is, MD
CERTIFICATION	immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	bDUE TO (OR AS	A CONSEQUENCE OF	eno	re atin	Ca	froo	Onset
英	reaulting in death) LAST	d						
: MEDICAL	PART II. Other algnificent condition	d	but not resulting is	n the underlying	ceuse given in		WAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTOPS AMAILABLE PR COMPLETION DF DEATH? 1 YES 2
: MEDICAL	PART II. Other algnificent condition	d	but not resulting is	26. PLA	Couse given in	1	PERFORMED?	AVAILABLE PR COMPLETION DF DEATH?
SICIAN: MEDICAL	PART II. Other algnificent condition	d			ICE OF DEATH (C)	neck only one)	PERFORMED? YES 2 NO	AVAILABLE PR COMPLETION DF DEATH?
PHYSICIAN: MEDICAL	PART II. Other algnificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Ou 28e. DATE OF INJURY (Month, Day, Year)	utpatient 3 DOA	26. PLA OTHER: 4 Nursing Home E OF 28c. INJU URY WOR	CE OF OEATH (C)	neck only one)	PERFORMED? YES 2 NO	AWAILABLE PR COMPLETION DF DEATH? 1 YES 2
TED BY PHYSICIAN: MEDICAL	PART II. Other algnificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	HOSPITAL: 1 Impatient 2 ER/Ou 28e. DATE OF INJUR (Month, Day, Year)	utpatient 3 DOA 28b. TIME 1 1 1 1 1 1 1 1 1 1 1 1 1	26. PLA OTHER: 4 Nursing Home E OF WOR M 1 YI	SCE OF OEATH (C) 5 Residence RY AT	oeck only one) 6 Other (Sp. 28d, DESCRIE	PERFORMED? YES 2 NO socity) HE HOW INJURY OCI	AWAILABLE PR COMPLETION DF DEATH? 1 YES 2
MPLETED BY PHYSICIAN: MEDICAL	PART II. Other algnificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 HO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only 1 CERTIFYING PHYS)	HOSPITAL: 1 Propertient 2 PR/Ox (Month, Day, Year) 28e. PLACE OF INJURY	utpatient 3 DOA Y 28b. TiME INJ. RY — At home, farm, at	26. PLA OTHER: 4 Nursing Home E OF	SCE OF OEATH (CI 5 Residence RY AT K7 ES 2 NO	1 Coeck only one) 6 Other (Sp 28d. DESCRIE 28f. LOCATIO City or To	PERFORMED? YES 2 NO Socily) BE HOW INJURY OCI N (Street and Number wn, State)	AWAILABLE PR COMPLETION DF DEATH? 1 YES 2 CURED TO Flural Route Number,
PLETED BY PHYSICIAN: MEDICAL	PART II. Other algnificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpatient 2 ER/Ox 28e. DATE OF INJURY (Month, Dey, Year) 28e. PLACE OF INJURY (Month, Dey, Year) 10 SICIAN: To the best of my knoten.	utpatient 3 DOA 28b. TiME (NJI RY — At home, farm, at pecify) owledge, death occurre tion and/or investigation	26. PLA OTHER: 4 Nursing Home EOF 28c. INJU WOR 1 YI Intreet, factory, office and at the time, date and in, in my opinion, de	SCE OF OEATH (CI 5 Residence RY AT K7 ES 2 NO	oeck only one) 6 Other (Sp 28d. DESCRIE 28f. LOCATIO City or To	PERFORMED? YES 2 NO secify) SEE HOW INJURY OCC N (Street and Number wn, State) and manner as state place, end due to the	AWAILABLE PR COMPLETION DF DEATH? 1 YES 2 CURED TO Flural Route Number,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending p	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	supportant is isom 20 is marked or litem 22 shows any injury or other traumatic event the medical examiner must be notified at once
death certificate be ex	e attending physician a lental Hygiene prior to	inv or other fraum
law requires that the	has been signed by the Dept. of Health and M	23 chows any init
DING PHYSICIAN: The	After this certificate death with the State	se marked or item
HE HOSPITAL OR ATTER	HE FUNERAL DIRECTOR ed within 72 hours after	OUTANT. If Hem 28
10	5 d	OP!

ANDREW NOWAKOWSKI, MD, 125
31. DATE FILED (Month, Day, Year)

FEB 21 '92

Alan Marida Park

	FOR	CTATE OF MA	DVI AND / DEDA	THENT OF H	FAITH AND A	APAITAL HIMOLPHIA		2 0	6160
	1 - STATE REGISTRAR	SIAIE UP MA	RYLAND / DEPAI CERTIF	ICATE OF		REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH DA	y y:	SAR 3. TI	IME OF DEATH
37	MARY R.	ROUSSEY				FEB. 19	19	92	10:11 PM
	4. SOCIAL SECURITY NUMBER		. AGE (In yrs. last birthday)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLAC Country)	E (State or Foreign
T Y	216-01-7728 9s. FACILITY NAME (If not institution, give str	1 M 2 F	99 YRS.	AL OUTY TOWN O	OR LOCATION OF DE	1/6/1893	9c. COUNTY	ARYL	
Œ	BEL AIR CONVALE		ENTER	BEL AIR		AIR		RFORI	
105	RESIDENCE OF DECEDENT	SCENIC	ENIER	DEL AIR	(ПАІ	KFUKI)
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	11U HAS	RFORD	U P	RLINGTO	ZIP CODE		10g. CITIZEN		YES 2XXNO
FUNERAL		LETON R	D.	101	21034		USA	TOP WHAI	COOKINIT
S	11. MARITAL STATUS	12. WAS DECEDENT E	EVER IN U.S. ARMED			IC ORIGIN? (Specify Yes	or No- 14	RACE — A	merican Indlan, Ita, etc.
BY F	1 X Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAF	YES XXNO	1 TYES		n, Puerto Rican, etc.)		VHTTI	
	15. DECEDENT'S EDUC	ATION	100 DECEDENTS	USUAL OCCUPATION	NA .	16b. KIND OF BUS	NAME OF TRAINING		-
ETE	(Specify only highest grade (Elementary/Secondary (0-12)	Coffege (1-4 or 8+)	(Give kind of ille. Do NOT u	work done during mo- ise retired.)	at of working				
1	12	Consign (1-4 of 6 +)	TELEPH	ONE OPE	ERATOR	UTILIT	ry Coi	MPAN	1
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden			
BE	Ashton Rouss	SEY			CLAF				
TO BE CON	19a. INFORMANT'S NAME (Type/Print) EMMA JONES		2508			RD., DARL			D.,21034
2	20a. METHOD OF DISPOSITION		20b. PLACE AND DAT				CATION - CH		
	\(\)\(\)\(\)\(\)\(\)\(\)\(\)\(\)\(\)\(\	val from State	of_cemetary, cremator	y or other place)		1	DARLI		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	1 DANE THE	22. NAME AN	ND ADDRESS OF FA	CILITY			17 (12)
CVE	1/km H.	Tillett	-	HARKI	INS F.H.	.Inc., De	LTA	PA.	, 17314
	23. PART I. Enter the diseases, or c	omplications that of	caused the death. Do	not enter the mo	de of dying, sucl	h se cerdisc or respi	ratory srres	t,	Approximate
	shock, or heart feliure. I IMMEDIATE CAUSE (Finei	let only one ceuse	on eech line.	*				į	Interval Between Onset and Death
	disease or condition resulting in death)	B	free	una	0, 1				
5		DUE TO (O	OR AS A CONSEQUENCE	0F):					
ERTIFICATION	Sequentially list conditions,	DUE TO (O	R AS A CONSEQUENCE	OF):					
SA I	if any, leading to immediate ceuse. Enter UNDERLYING								
F	CAUSE (Disease or injury that initiated events	DUE TO (O	R AS A CONSEQUENCE	OF):					
	resulting in deeth) LAST	ı							
AL C	PART II. Other significant condition	contributing to d	eath but not resulting	in the underlying	g ceuse given in	Part I. 24s. WAS AN			RE AUTOPSY FINDINGS
						1 YES 2		CON	IPLETION OF CAUSE DEATH?
: MEDIC						_		1 [YES 2 NO
N N									
YSICI/	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER	LACE OF DEATH (Ch				
- T	1 YES 2 NO 27. MANNEB OF DEATH	28a. DATE OF IN		ME OF 28c, INJ	JURY AT	6 ☐ Other (Specify) 28d. DESCRIBE HOW I	NJURY OCCUI	RED	
ВУ Р	1 Natural 8 Pending	(Month, Day,	(Year) If	JURY WO	YES 2 T NO				
	3 Suicide 6 Could not be	28a. PLACE OF building, et	INJURY — At home, farm ic. (Specify)	, street, factory, offic	20	26f. LOCATION (Street City or Town, State)		Rural Route	Number,
ETED	4 Homicide detarmined								
BE COMPLETED	anel any		ny knowledge, death occu						
CO NH	2 MEDICAL EXAMINE		mination and/or investigat	lon, in my opinion, o	death occured at the	time, data and place, ar		,	
BE	296. SIGNATURE AND TITLE OF CERTIFIEF	alrow	les in	100	29c. LICENSE NUI	MBER	29d. DATE	IGNED (Mg	nth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE	OF DEATH (ITEM 27) (Total	oe. Print)	LX)	1016	7	-11	1 ==

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director.	death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	s marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified
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HOSPITAL FUNERAL within 72 h IMPORTANT: II

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92 06 161 92-0766-033 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAY 3. TIME OF OEATN YEAR Columbus Richardson 02 992 10:17 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTNPLACE (State or Foreign Country) 213-02-0748 1 🔛 M 2 🗌 F 21 FEB 6, 1971 WASH 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATH DIRECTOR 5445 Landover Road Landover Prince Georges RESIDENCE OF DECEDENT 10s. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND PRINCE GEORGE'S FORRESTVILLE 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 7311 CROSS ST 20747 USA 11. MARITAL STATUS 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, Whits, atc. 1X Never Married 2 Married If yes, specify Cuben, Mexican, Puerto Rican, etc.) IF YES, GIVE WAR OR DATES BY 1 YES 2 NO Specify 3 Widowed 4 Divorced BLK 15. DECEDENT'S EDUCATION 16a. OECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KING OF BUSINESS/INDUSTRY (Specify only highest grade compl Ш Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 11th COOK PVT 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) SAMUEL RICHARDSON SR. VEDA A. GILES BE 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 SAMUEL RICHARDSON SR. 7311 CROSS ST. FORRESTVILLE MD 20747 20s. METNOD OF DISPOSITION

1X Burisi 2 Cremation 3 Removal from State
4 Docation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE HARMONY MEM. CEMETERY 2-17-92 LANDOVER MD SUMMATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY J. E. JENKINS FUNERAL HOME, 7474 LANDOVER RD, LANDOVER MD 23. BART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or reepiratory arrest, shock for heart failure. List only one cause on sech line. Approximata interval Between **IMMEDIATE CAUSE (Fine)** Onset and Death disease or condition_ . SHOTEUN WOUNDS HEAD & ABDOMEN resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentielly list conditions, QUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL

EXAMINER?	20. PLACE OF DEATH (Check only one)				
1 X YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3	DOA 4 Nu	R: rsing Homs 5 - Residence	a (X Other (Specify) in field	
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	Found 1992	POLITICAL TO A	28c. INJURY AT WORK? 1 YES 2 NO	Subject shot	
3 Suicide 6 Could not be dats rmined	28s. PLACE OF INJURY — Al home building, etc. (Specify)	, farm, atreet, fac		28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) Rear-5445 LandoverRoad	
204 CERTIFIED				and the contract of the contra	

CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 XMEDICAL EXAMINER: On the basis or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated.

NATURE AND TITLE OF CERTIFIE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON INO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

GOLLE JR-MARIO + Penn Street Raltimore Maryland

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32. REGISTHAR STSIGNATURE



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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour
VISION	ATTENDING
5	OR
	PITAL

	FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H		REG. NO.	E	2 0010	
	1. DECEDENT'S NAME (First, Middle, Last) A LL (N 4. SOCIAL SECURITY NUMBER	ER S.	RANT			2. DATE OF DEATH	92	. 6 h	
	237-12-0547 90. FACILITY NAME (If not institution, give	1 M 2 G F Street and number)	3-3 YRS.	F UNDER 1 YEAR WONTHS DAYS 9b. CITY, TOWN O	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 7 - 3/-	08 Wil		
CTOR	3703 Upshur Street Brentwood, Md PRINCE GEO								
L DIRE		ICE GEORG	res B	REUT 1	ON UO O D		10a. CITIZEN O	10d, INSIDE CITY LIMITS? 1 YES 2 NO F WHAT COUNTRY?	
UNERAL	3703 AP	SHUR S	NUS ARMED	-		722 IIC ORIGIN? (Specify Yea	υ	ISA	
BY F	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES	25 NO	If yes, spe	cify Cuben, Mexical	n, Puerto Rican, atc.)	81	NCE — American Indian, ack, White, etc.	
COMPLETED		15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use refreed.) 12th 16e. DECEDENT'S USUAL OCCUPATION (Give kind of working life. Do NOT use refreed.) Presser priv							
l w	17. FATHER'S NAME (First, Middle, Last) Solomen Sherrod 18. MOTHER'S NAME (First, Middle, Malden Surname) Josephine Artis								
TO B	190. INFORMANT'S NAME (Typo/Print) Gaynella Dav:	is	3703	Upshur	St., E	Route Number, City or Town Brentwood	, State, Zip Code) , Md		
CERTIFICATION	IMMEDIATE CAUSE (Finel	complications that cause List only one cause on a bue to (or as a bue to (or a bue to	ach lina.	Mt. FARCT C CAR	Rainie	er, Md 20	712 retory arrest,	Approximata interval Between Onset and Deat Minutes	
MEDICAL	PART II. Other algnificant condition	na contributing to death b	out not resulting in	the underlying	cause given in	Part I. 24s. WAS AN PERFOR	MED?	4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO	
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	ICE OF DEATH (Che				
BY PHYS	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	1 Inpatient 2 ER/Outs 26e. DATE OF INJURY (Month, Day, Year)	28b. TIME	RY WO	RY AT	6 ☐ Other (Specify) 284. DESCRIBE HOW IN	JURY OCCURED		
ETED	3 Suicide 6 Could not be datermined 26s. PLACE OF INJURY At home, farm, street, factory, office building, etc. (Specify) 26s. PLACE OF INJURY At home, farm, street, factory, office City or Town, State)								
	one) 2 MEDICAL EXAMIN	ER: On the best of my know						e(s) end menner ee stated.	
TO BE COMP	29b. SIGNATURE AND TITLE OF CERTIFIE 30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DE			DO 18	52	12-2		
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE		ry Rd	HYATISUT	ZLE ME	20781	
	FFR 20 199	32 guna Dav	idson-Aande	82					

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THE UNCOTAL OF ATTENDING DUVOLCIAN. The last requires that the death redifficate he eventted within	Unite DOCHILA DA ALEMANUA FILISTANIA. The data the doctil countries to account with a season as the desired the TOTAL DATA INTEREST. The data the cartificate has been sinned by the Affection DASIGNA AND COUNTRIES.	he filed within 72 hours after death with the State Dept of Health and Merital Hydiene prior to burial, cremation, or removal	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner munt be no
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	1 - STATE REGISTRAR	STATE OF MARY	AND / DEPARTM			NTAL HYGIEN	E	
	1. DECEDENT'S NAME (First, Middle, Last) George Charles	Rada				OATE OF DEATH	, 199 ^{vear}	3. TIME OF DEATH 2:00 A.M.M
	4. SOCIAL SECURITY NUMBER 220 03 - 0094				F INDER 24 MBS 7	OATE OF BIRTH	6. BIR	THPLACE (State or Foreign nitry) Tyland
5	9a. FACILITY NAME (If not institution, give s R.D. 2, Box 157	treet and number)		cary, town on Casonvil	location of deat	Н	ec. COUNTY OF Queen A	
DINECTOR	RESIDENCE OF DECEDENT 100. STATE Maryland Queen	n Anne's	1	onville	N			10d. INSIDE CITY LIMITS? 1 YES 2 X NO
מארושה	100. STREET AND NUMBER R.D. 2, Box 157				638			States
5	11, MARITAL STATUS 1 Never Merried 2 X Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 X YES IF YES, GIVE WAR OR I WWII	2 NO	If yes, speci	DENT OF HISPANIC by Cuban, Mexican, I NO Specify:	ORIGIN? (Specify Yee Puerto Rican, etc.)	Sp	CE — American Indian, ock, White, etc. ec/ly: hite
	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) Coffege (1-4 or 5+)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use re Contrac	done during most of tired.)	of working	Build	siness/industry	
THO I	17. FATHER'S NAME (First, Middle, Lest) William James I	Rada		1		(First, Middle, Maiden Theresa E		
2	190. INFORMANT'S NAME (Type/Print)	Wife				ille, Mar		21638
	20e. METHOO OF DISPOSITION 1 \(\text{M Burlet 2 } \subseteq Cremetion 3 \subseteq Removat from State} \) 4 \(\text{Donetion 5 } \subseteq Other (Specify) \) 20b. PLACE OF DISPOSITION (Name of cometer), cremetory or other place) Woodlawn Memorial Park Easton, Marylan							
	21. SIGNATURE OF FUNERAL SERVICE LIC James H.	Barton, Jr.	7.	Barto	n Funera Box 222,	TY 1 Home Centrevi	ille, MD	21617
	23. PARL Entar the diseases, Dr ahock, Dr heert feliure. iMMEDIATE CAUSE (Finel disease or condition resulting in death)	e. LUNG						Approximate intervei Between Onset and Death
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	A CONSEQUENCE OF):					
2000	PART II. Other algnificant condition	ns contributing to death	but not resulting in t	he underlying o	cause given in Pa	ert I. 24a. WAS AN PERFOR	RMED?	4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1								
: I	1 T VEG 2 TO NO.	27. MANNER OF DEATH 280. DATE OF INJURY (Month, Dey, Year) 28b. TIME OF 28c. INJURY AT WORK? 1 Notural 5 Pending 28c. DATE OF INJURY AT WORK? 1 Types 2 NO						
	1 Natural 5 Pending	28e. DATE OF INJURY		WORK	(?			
100	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	INJURY Y — At home, farm, stree	M 1 VE	(? S 2 NO	81. LOCATION (Street City or Town, Stete)	and Number or Run	al Route Number,
סוווג בבובם מו גווו	27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only 1 CERTIFYING PHYS	28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJUR	INJURY At home, farm, stree	M 1 VE	C? S 2 NO 2 and place, end due to	City or Town, Stete) the cause(e) end mai	nner se atated.	
O DE COMPLETED DI PRISI	27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only 1 CERTIFYING PHYS	28e. DATE OF INJURY (Month, Dey, Year) 28e. PLACE OF INJURY building, stc. (Sp ICIAN: To the best of my kno ER: On the basis of examination	INJURY At home, farm, stree	M 1 VE: t, fectory, office t the time, date er m my opinion, dea	C? S 2 NO 2 and place, end due to	City or Town, Stete) the cause(e) end man	nner ee stated.	

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L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 manual retails	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director.	hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must weath
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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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32. REGISTRAR'S SIGNATURE

La Davidson People !!

Howe1

Daniel M.

31. DATE FILED (Month, Day, Year)

FB 2 4 '92

TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH VEAR EBRUARY 20 3:25 HELEN MARGARET RAHALL 1992 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 3-12-1923 Massachusetts 018-18-0831 68 1 M 2XXF YRS. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH MEMORIAL HOSPITAI LA PLATA CHARLES Maryland 10c. CITY, TOWN OR LOCATION 10h COUNTY 10d. INSIDE CITY Charles Waldorf 1 YES 2 NO 104, STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE · 344 Timberbrook Drive USA 20601 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 X NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Never Married 2 Married 1 TES 2 XX Specify. White 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 16b, KIND OF BUSINESS/INDUSTRY (Specify only highest grade (Give kind of work done life. Do NOT use retired.) Elementary/Seco ndary (0-12) College (1-4 or 5+) Sales Clerk Retail Department Store 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surna Josephine McConnell George Brock BE 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
344 Timberbrook Dr., Waldorf, Md. 20601 19a. INFORMANT'S NAME (Type/Print) 2 Joseph W. Rahall III 20a. METHOD OF DISPOSITION
1 [X Burlel 2 ☐ Cremation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION - City or Town, State DATE "Resurrection"Cemetery 2-22 Clinton, MD 4 Donation 5 Other (Specify) 21. SIGNATURE OF JUNERAL SERVICE LICENSEE JOHN F. HUNTT 22. NAME AND ADDRESS OF FACILITY
HUNTT FUNETAL HOME D00227 O. Box 156, Waldorf, Md. 20604-0156 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Finel **Onset and Death** disesse pr condition 3 weeks reaulting in death) CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF) CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initisted events resulting in deeth) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE helo 1 TYES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 | Nursing Homa 5 | Residence 5 | Other (Specify) itient 2 ER/Outpetient 3 DOA 1 YES 2 NO 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 284 DESCRIBE HOW INJURY OCCURED 8 Pending Investigation 1 Natural м 1 YES 2 NO BY 2 Accident 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 🗌 Suicide ETED. 8 Could not be determined 4 🔲 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. COMPL 2 MEDICAL EXAMINER: On the basis of examin estigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER BE 20 2

301 So.

Pembrooke Sq., #104, Hgy.

Waldorf, Maryland 20603

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN; MEDICAL CERTIFICATION

STATE OF	MARYLAND A	DEPARTMENT	OF I	HEALTH	AND	MENTAL	HYGIENE
	C	ERTIFICATE	OF	DEAT	TH		REG. NO.

Howard L. Rice 4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 579-07-0946 6. AGE (In yrs. leet birthdey) 78 YRS. 78 YRS. 9b. CITY, TOWN OR LOCATION OF DEATH COlumbia RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10c. CITY, TOWN OR LOCATION 10d. IN LIN Maryland Prince George 10d. STREET AND NUMBER 10d. STREET AND NUMBER 10d. STATE 10d. CITY EODE 10d. CITIZEN OF WHAT CO 10d. STATE 10d. CITIZEN OF WHAT CO 10d. STATE	(State or Foreign
579-07-0946 98. FACILITY NAME (If not institution, give street and number) 99. CTY, TOWN OR LOCATION OF DEATH LOTION NUTSING HOME FIRSTDENCE OF DECEDENT 100. STATE 100. COUNTY Maryland Prince George 100. STREET AND NUMBER 100. CTIZEN OF WHAT CO 5902 Sandy Spring Road 100. WAYS HOURS BINN. (Morth, Day, Year) 4/27/13 Maryl 96. COUNTY OF DEATH 100. CITY, TOWN OR LOCATION 100. LIN 100. LIV 100. STREET AND NUMBER 101. ZIP CODE 102. CTIZEN OF WHAT CO 103. STATE 104. STATE 105. CTIZEN OF WHAT CO 106. CTIZEN OF WHAT CO 107. STATE 108. STATE 109. CTIZEN OF WHAT CO 109. CTIZEN OF WHAT CO 109. CTIZEN OF WHAT CO	land SIDE CITY
96. FACILITY NAME (If not institution, give street and number) 96. COUNTY OF DEATH LOTIEN NUTSING HOME COlumbia HOWARD 106. STATE 106. COUNTY 106. CITY, TOWN OR LOCATION 106. LIV. Maryland Prince George Laurel 107. STREET AND NUMBER 108. STRIEET AND NUMBER 109. CITIZEN OF WHAT CO SOURCE 109. CITIZEN OF WHAT CO SOURCE 109. CITIZEN OF WHAT CO SOURCE 109. CITIZEN OF WHAT CO SOURCE 109. CITIZEN OF WHAT CO SOURCE 109. CITIZEN OF WHAT CO SOURCE 109. CITIZEN OF WHAT CO SOURCE 109. CITIZEN OF WHAT CO SOURCE 109. CITIZEN OF WHAT CO	ISIDE CITY
Lorien Nursing Home Columbia Howard RESIDENCE OF DECEDENT 106. STATE 106. COUNTY 106. CITY, TOWN OR LOCATION 104. IN LIN Maryland Prince George Laurel 107. ZIP CODE 109. CITIZEN OF WHAT CO 5902 Sandy Spring Road 20707 USA	ISIDE CITY
Maryland Prince George Laurel 100. STREET AND NUMBER 100. STREET AND NUMBER 100. CITIZEN OF WHAT CO	ISIDE CITY MITS?
106. STREET AND NUMBER 107. ZIP CODE 109. CITIZEN OF WHAT CO 5902 Sandy Spring Road 20707 USA	
5902 Sandy Spring Road 20707 USA	ES 2 XNO
	JUNTERT
11. MARITAL STATUS 1 Never Married 2 X Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FDRCES? 1 YES 2 NO IF YES, GIVE WIRD DR DATES WWIII 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-Black, White, Specify: White, Specif	, etc.
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) Carpenter 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Federal Government	
17. FATHER'S NAME (First, Middle, Last) Howard C. Rice 18. MOTHER'S NAME (First, Middle, Maiden Surname) Margaret Lehman	
19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Eva E.Rice 5902 Sandy Spring Rd., Laurel, MD 20707	
20s. METHOD OF DISPOSITION 1 Burlet 20 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of corretory, crematory or other place)	to
BaltoWashington Crematory Laurel, MD	
Fleck Funeral Home, Inc. 7601 Sandy Spring Rd., Laurel, MD	20707
	nterval Between Onset and Death
ORGANIC BRANSYN DROME, AORTIC STENDYS PERFORMED? 1 YES 2 NO DE DEL	AUTOPSY FINDINGS IBLE PRIOR TO LETION OF CAUSE ATH? /ES 2 \[NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? ACCEPTAL: OTHER	
1 YES 2 NO 1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 8 Residence 6 Other (Specify)	
27. MANNER OF DEATH 1 Netural 8 Pending 2 Accident Investigation 286. DATE OF INJURY (Month, Dey, Year) 286. DATE OF INJURY AT WORK? 1 YES 2 NO 286. INJURY AT WORK? 1 YES 2 NO	
3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Fown, State) 28f. LOCATION (Street and Number or Rural Route Nu City or Fown, State)	imber,
29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.	nanner as stated.
one) MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and m	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE/SIGNED (Month)	
MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and m	

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	The same	nte ha	ша
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page the within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	INPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be
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BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

2

Sequentielly list conditions,

if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury

4 Homicide

	FOR 1 - STATE REGISTRAR	STATE OF N					IEALTH DEAT		MENTAL HYGIE REG. N		92	2 06166
0.000	1. DECEOENT'S NAME (First, Middle, Last)	Alvin J	. Reinder						2. DATE OF DEATH	DAY 6	YEAR 2	3. TIME OF GEATH
	4. SOCIAL SECURITY NUMBER 546-42-4357	5. SEX 1 X M 2 - F	8. AGE (In yrs. lest I	1 yrs. lest birthdey) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATI SOUTH SOU				7. DATE OF BIRTH 3/4007) 3/22/33		B. BIRTH	PLACE (State or Foreign	
OH	9a. FACILITY NAME (If not institution, give street and number) 6702 Kerman Court RESIDENCE OF DECEMENT			Seabrook, Princ						of George		
AL DIMECTOR					abro	ok						10d. INSIDE CITY LIMITS? 1 YES 2 NO
D BY FUNERA	6702 Kerman Court				20706 USA						HAT COUNTRY?	
	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 14. YES 2 NO IF YES, GIVE WAR OR DATES 10/6/55-7/16/57				1 ☐ YES 2 M NO Specify: Specify:					, White, etc.		
MPLEIEL	Elementary/Secondary (0-12) College 1-4 or 5+) #6. Do					during mo	st of workin		her Chur			rsity
200	17. FATHER'S NAME (First, Middle, Leat) Albert J. Reinders					18. MOTHER'S NAME (First, Middle, Meiden Surneme) Rose Brunsting						
2	Joanne E. Reinder		196.	02	Kerm	s (Street a	ourt	or Rural I	Poute Number, City or Reabrook, M	wn. State, Zi D 20	ip Code) 0706	
	204 METHOD OF DISPOSITION **Disposition 3 Gram 4 Gramation 6 Other (Specify)	-	Meadowi		e Me	mori	al P		Bal		e, M	_{wn, State} aryland
	22. NAME AND ADDRESS OF FACILITY Fleck Funeral Home, Inc. 7601 Sandy Spring Rd., Laurel, MD 20707								MD 20707			
	23. PART I. Enter the diseases, or a shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	. Rect	se on each line.	ing	incle enter	the mo	de of dyi	ng, auci	h as cardiac or res	piretory s	rreat,	Approximata Interval Between Onset and Death
- 1		DUE 10	(Un AS A CONSECU	ENCE OF	11:							

DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 TYES 2 NO 1 TES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 TYES 2 NO ne 5 🗆 Residence 6 🗆 Other (Specify) 26a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO 2 Accident 26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined

29a. CERTIFIER
(Check only one)

2 MEDICAL EXAMINES: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and menner as stated.

DUE TO (OR AS A CONSEQUENCE OF):

	The state of the s	proce, and one to the conseque and mariner an stated
96. SIGNATURE AND TITLE OF CERTIFIER Kennel	29c. LICENSE NUMBER P 23600	29d. DATE SIGNED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH JITEM 27) (Typg. Print)

5480 Wisconsin Ave	Chery Chase, Md	20815

31. OATE FILED (Month, Day, Year) 32. REGISTRAR'S SIONATURE
Likia Davidson-Randalle FEB 1 0 1992

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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM	MENT OF H	EALTH AND		GIENE G. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) James L	- Rawlings	James Lou	is Rawl	ings	2. DATE OF DI		YEAR 3.	TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 217 - 62 - 7846	5. SEX 6. AGE (In yrs. last birthday)	CHOCK & VEAR AT CHOCK AN AREA TO DATE OF BUTTLE				951 Raryland		
	9a. FACILITY NAME (II not institution, give s Washington Coun RESIDENCE OF DECEDENT	street and number) 9b. CITY, TOWN OR LOCATION OF DEATH					De. COUNTY OF DEATH Washington			
Dinec	10a. STATE 10b. COUNT Maryland Wash		OWN DR LOCATI	ON				1. INSIDE CITY LIMITS?		
EHAL	100. STREET AND NUMBER 8057 Mapleville 1		101.		10g. CITIZ	1 1 Yes 2 NO 10g. CITIZEN OF WHAT COUNTRY?				
DI LON	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 (X)NO	If yes, spe	21713 ENDENT OF HISPAI city Cuben, Maxica 2 NO Specifi	n, Puerto Rican,		U.S.A. 14. RACE — American Indian, Black, White, etc. Specify: White		
רבונע	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 6+)	16e. DECEDENT'S USL (Give kind of work life. Do NOT use re	done during mos tired.)	t of working		OF BUSINESS/INDU	STRY		
5	NONE 17. FATHER'S NAME (First, Middle, Last) To the Complete Com	2:	Assembly	Worker	18. MOTHER'S NA	ME (First, Middle,		Indi	istries	
7	Joseph Louis Rawl 190. INFORMANT'S NAME (Type/Print) Frances Gilmore	Lngs			d Number or Rural		co y or Town, Stata, Zip C Irginia 22			
	20e. METHOD OF DISPOSITION 1 N Buriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)		PLACE AND DATE OF D etery, prematory or other as hungton	ISPOSITION (Nan	ne of	DATE	20c. LOCATION — C	ity or Town,	State uland	
	21. SIGNATURE OF FLINERAL SERVICE LA		<u> </u>	Donald	son Fun	cility eral Ho	me, P.A. rel, Mari			
	23. PART I. Enter the disease, prahock, prhair failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Caree on ea	dia m			1-	r respiratory arre	at,	Approximate interval Between Onset and Death	
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. DUE TO (OR AS A	CONSEDUENCE OF):	cem	ng					
	PART II. Other significant condition	se contributing to deeth by	not resulting in the	ne underlying		WAS AN AUTOPSY PERFORMED? YES 2 ND	ORMED? AMAILABLE PRIOR 1			
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 ND	HOSPITAL: 1 Inpatient 2 ER/Outp.		THER:	6 Residence					
	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJU WOR	RY AT		HDW INJURY OCCL	PRED		
	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	26s. PLACE OF INJURY building, etc. (Spec	— At home, farm, stree	t, factory, office		28f. LOCATION City or Town	(Street and Number on, State)	r Aural Route	Number,	
		CIAN: To the best of my knowl							d manner as stated.	
	29b. SIGNATURE AND TYTLE OF CERTIFIE	lly			D4/	186	29d. DATE	SIGNED (Mo	rith, Day, Year)	
	30. NAME AND ADDRESS OF PERSON WH	Will an	Juns		agers	towa	MD	2	1741	
	31. DATE FILED (Month Day Year) 192	12. REGISTRAR'S SIGNA	Median Ponda	AN .			2/			

by /

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, WARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within xxxxxvours after death. Pages in the funeral directions after this certificate has been signed by the attending physician and completely filled in by the funeral directions and the funeral directions after this certificate has been signed by the attending physician and completely filled in by the funeral directions and the funeral directions and the funeral directions are the partial directions.	72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION	TO THE HOSPITAL OR ATTENDING F TO THE FUNERAL DIRECTOR: After 1	be filed within 72 hours after death with IMPORTANT: If item 28 is marked

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	FOR STATE REGISTRAR	STATE OF I	MARYLAND C	/ DEPART	MENT OF H	DEATH AND I	MENTAL HYGIEN REG. NO			
1	1. DECEDENT'S NAME (First, Middle, Last)							AY	YEAR	TIME OF DEATH
П	JANET LYNN REUS						February .	18,19		М
	4. SOCIAL SECURITY NUMBER 214 66 2.809	5. SEX 1 M 2 F	6. AGE (In yrs. Is		MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Month, Day, Year)	7. DATE OF BIRTH (Month, Dey, Year) Sept. 26,1952 BIRTHPLACE (State of Country) Maryland		
	9a. FACILITY NAME (If not institution, give at	reet and number)			9b. CITY, TOWN	OR LOCATION OF DE	EATH	9c. COU	NTY OF DEAT	Н
5	5022 Round Tower	Place			Colu	nbia		Но	ward	
E	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	1		10c. CITY	TOWN OR LOCA	TION		-	10	d. INSIDE CITY
DIRECTOR	Maryland Howar	d		Co	lumbia				1	YES 2 NO
	10e. STREET AND NUMBER				10	I. ZIP CODE		10g. CIT	IZEN OF WHA	T COUNTRY?
FUNERAL	5022 Round Tower	Place			:	21044			U.S.	Α.
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDED	T EVER IN U.S. A	NO			NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	s or No-	14. RACE — Black, W	American Indian, fhite, etc.
BY	3 Wildowed 4 Divorced	IF YES, GIVE	NAR OR DATES		1 TYES	2 NO Specify	y:		Specify:	White
	15. DECEDENT'S EDUC				USUAL OCCUPATI		16b. KIND OF BU	SINESS/IN	DUSTRY	
	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5	+) #	fe. Do NOT us		ost of working				
린			T	eacher	s Aid					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						ME (First, Middle, Maider	Surname)		
BE	Julius Weiner						thy Dumler			
욘	19a. INFORMANT'S NAME (Type/Print)				Commence of the commence of th		Route Number, City or Tov			
	Herbert W. Reusi					metery, cremetory or	ce Columbi		City or Town	State
	BUXBuriet 2 Cremation 3 Rem	ovat from State	other	John	's Ceme	tery	El	licot	tt Cit	y Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC				22. NAME A	ND ADDRESS OF FA	CILITY			
	Harry 7	1. With	he				ke Funeral Imbia Pike			City
	23. PART I. Enter the diseases, or shock, or heart feilure.	complications th	st caused the o	deeth. Do n	ot enter the m	ode of dying, suc	ch as cerdiac or resp	iratory e	rrest,	Approximate interval Between
	IMMEDIATE CAUSE (Final									Onset and Death
	disease or condition resulting in death) S. Respiratory Failure Due to (or as a consequence of):									
1					,	01.	ns stast	TU		
CERTIFICATION	Sequentially list conditions,	DUE TO	OR AS A CONS	SEQUENCE OF	9:	(+ N.	11/2 3 10/21	1		1
CAT	if any, leading to immediate cause. Enter UNDERLYING	c.								
Ē	CAUSE (Disesse or injury that initiated events	DUE TO	OR AS A CONS	SEQUENCE OF	්) :					
EH	resulting in death) LAST	d								
-	PART ii. Other eignificant condition	ns contributing to	desth but no	t resuiting i	in the underlying	ng cause given in	Part i. 24s. WAS A	N AUTOPSY		ERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	Chronic ani	MSQ					1 _ YES		0	OMPLETION OF CAUSE F DEATH?
Ä	C.17994 4 1	R) juny.								☐ YES 2 ☐ NO
ž										
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	PLACE OF OEATH (C	heck only one)			
IXSI	1 TYES 2 NO	1 Inpetient 2					8 Other (Specify) 28d, DESCRIBE HOW	IN HIEV O	CCHBED	
	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE O (Month,	Day, Year)	28b, TIM INJ	URY	JURY AT ORK? YES 2 NO	280. DESCRIBE HOW	INJUNT O	CCOMED	
BY	2 Accident Investigation	28e. PLACE	OF INJURY — At	home, farm,	street, factory, off		281. LOCATION (Street	and Numb	er or Rural Rou	ite Number,
E	3 Suicide 6 Could not be 4 Homicide detarmined		, etc. (Specify)				City or Town, State	e)		
Ē	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the hest of	of my knowledge	death necum	ed at the time de	e and place, and du	a to the cause(a) and m	anner as si	teted.	
COMPLETED	(Check only one) 2 MEDICAL EXAMINI									and manner as stated.
ш	29b. SIGNATURE AND TITLE OF CERTIFIE	R				29c. LICENSE NU				Aonth, Day, Year)
TO B	Jan X. M	Imt of				D305	,73	0	7-19-	-93
_	30. NAME AND ADDRESS OF PERSON WI		LA 4	,		Plaza	CHUMbia	NA	2106	4
	31. DATE FILED (Month, Day, Year)	SUI'T	AR'S SIGNATURE	E		1		1 1110	a 10 4	`
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8	35)epi	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner
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	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral day.	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funera be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	1 - STATE REGISTRAR	STATE OF MARYLAND / DEP	PARTMENT OF H	EALTH AND	MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)			DEATH	2. DATE OF DEATH		3. TIME OF DEATH		
	Frederick Riehl				2 18	92	9:15 a M		
	215-78-6793 215-07-8539	SEX 6. AGE (In yrs. last birthd	S. MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 8 5	e. BIRT	HPLACE (State or Foreign		
DIRECTOR	9a. FACILITY NAME (If not institution, give street of Carroll County General Period of December 1		9c. COUNTY OF DEATH Carroll						
EG	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY								
	Maryland Carrol		le	1 TYES 2 M NO					
FUNERAL	Sykesville State H	over 4 to 1	ZIP CODE		10g. CITIZEN OF				
Š	11. MARITAL STATUS 12,	WAS DECEDENT EVER IN U.S. ARMED	12 WAS DECS	MOENT OF HISDA	NIC ORIGIN? (Specify Yes	U.S.A.			
	1 Never Merried 2 Married	FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	If yes, spe	clf Cuban, Maxico	an, Puarto Rican, etc.)	Blac	E — American Indian, k, White, etc.		
Э ВУ	3 Widowed 4 Divorced				· ·	Spec	White		
TED	15. DECEDENT'S EDUCATIO (Specify only highest grade comp	oleted) (Give kind	IT'S USUAL OCCUPATION of work done during mos	N t of working	16b. KINO OF BU	SINESS/INDUSTRY			
1 2	Elementary/Secondary (0-12) Co	mege (1-4 or 5 +)	OT use retired.)						
COMPLET	17. FATHER'S NAME (First, Middle, Last)	None	2	40 4405115010					
	Fred R. Riehl				AME (First, Middle, Meiden ett Knode	Surname)			
BE	19a. INFORMANT'S NAME (Type/Print)	196. MAIL	JNG ADDRESS (Street an		Route Number, City or Tow	e State 7in Carlos			
5	William Riehl				6A, Vero E		22062		
	20e. METHOD OF DISPOSITION 1 X Burlet 2 Cremetion 3 Removal 1	20b. PLACE AND DA	TE OF DISPOSITION (Nan			CATION — City or To			
	4 Donation 5 Other (Specify)	cemetery, cremetory of Lorraine	or other place) Park			lawn, Md			
	21. SIGNATURE OF FUNERAL SERVICE LICENSE	E 1		ADDRESS OF FA	CILITY				
	Harry H.	Withhe			KE FUNERAL		City, Md. 21043		
	23. PART I. Enter the diseases, or comp shock, or heart failure. List of	ilicetions that caused the death. D	o not enter the mod	e of dying, auc	h as cardiec or respi	ratory arrest,	Approximata		
	IMMEDIATE CAUSE (Fine)	one cause on secn lina.					Interval Batween Onset and Death		
	disease or condition resulting in deeth)	Cordio pu	luma	n e	nest				
	DUE TO (OR AS A CONSEQUENCE OF):								
ON	Sequentially list conditions, Due to con as a consequence of								
AT	if any, leeding to immediate cause. Enter UNDERLYING	Acut	00,000	*** - 14	ordial n	Inctis	74		
Ē	CAUSE (Disease or injury that initiated events	DUE TO FOR AS A CONSEGUENCE	ferre !	myou	Could be	goice			
CERTIFICATION	resulting in death) LAST	scling oliv	buis	0	(
	PART II. Other algnificant conditions con	ntributing to deep by the coupling	and the contral of				1		
CAL	Heine		ig in tha underlying	cause given in	Part I. 24a, WAS AN PERFOR		WERE AUTOPSY FINDINGS AMILABLE PRIOR TO		
MEDIC	THE COLUMN THE COLUMN	000			1 TYES 2	(XNO	OF DEATH?		
Ξ.		DFD			_		1 TES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		26. PLA	CE OF DEATH (Ch	eck only one)				
Sic		SPITAL: Inpatient 2 ER/Outpatient 3 DOA	OTHER:						
	27. MANNER OF DEATH	28a. DATE OF INJURY 28b. 1	TIME OF 28c. INJU	RY AT	28d. OESCRIBE HOW IN	JURY OCCUREO			
ВУ	1 Natural 5 Pending 2 Accident Investigation	(MOINI, Day, real)	M 1 YE	K7 S 2 NO					
	3 Suicide 6 Could not be	28e. PLACE OF INJURY — At home, farm building, stc. (Specify)	m, street, factory, office		261. LOCATION (Street a	nd Number or Rural R	loute Number,		
COMPLETED	4 Homicide determined				City or Town, State)				
7	29a, CERTIFIER (Check only 1 CERTIFYING PHYSICIAN:	To the best of my knowledge, death occu	urred at the 11me, data a	nd place, and due	to the cause(s) and men	ner as stated.			
ON	one) 2 MEDICAL EXAMINER: On	the basis of examination and/or investige	ation, in my opinion, dea	ith occured at the	1lme, data and place, and	due to the cause(s) and menner as stated,		
ш	296. SIGNATURE AND TITLE OF CERTIFIER	Maril Re		29c. LICENSE NUN	ABER	29d. DATE SIGNEO	(Month, Day, Year)		
TO B	TKEUI 4	way X	MD	1389	315	· 2	18/92		
-	30. NAME AND ADDRESS OF PERSON WHO CON	AN CLOS ST	uest west	must	M MD	21157	75		
	FEB 2 0 92	32. REGISTRAR'S SIGNATURE JUNE DAVIDON AND	Lee.						

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office field that the Land, Apt 6A, Vern Tent. Tr. . .

Lorraine Park. 'Looking.

HARSY M. WINGE PURELS IN THE CALINES CALLED THE COLUMN PARCE LANGE COLUMN PARCE LA COLUMN PARCE LA CALLED COLUMN P

Item: 9a,b,28f, per MEO G-685 3/31/92 reb Item 1, Film G-685 per Informant 3/5/92 gn

	1 - STATE REGISTRAR		CERTIF	ICATE OF	DEATH	MENTAL HYGIE		2 06170		
	1. DECEDENT'S NAME					2. DATE OF DEATH		3. TIME OF DEATH		
	RICKEY RICHARD	STUCKEY,	JR.				DAY YE	2 10:45		
	4. SOCIAL SECURITY NUMBER		n yrs. lest birthday)	IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)		
	579-90-2085	1 X M 2 □ F 1	7 YRS.			(Month, Day, Year) 6-23-74		Washington,		
ECTOR	9a. FACILITY NAME (If not institution, give 6.18 6.00 RONALD RO			PLSTRI	OR LOCATION OF D	HTS	PRIN	OF DEATH CE GEORGES		
DIR	D . C .	Υ		y, town or Loca ashing		10d. INSIDE CITY LIMITS? XXYES 2 NO				
VERAL		treet,S.E.	reet, S.E. #1220 101. ZIP COOE 20032					OF WHAT COUNTRY?		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 X NO	If yes, a	CENDENT OF HISPA specify Cuban, Maxic S 2 ANO Specif	NIC ORIGIN? (Specify Yours, Puerto Rican, etc.) fy:	e or No- 14.	RACE — American Indian, Black, White, etc. Specify: BLACK		
LETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION (completed) College (1-4 or 5+)	IIII. DO NOT US	work done during me retired.)	TION nost of working		JSINESS/INDUST			
COMPL	8th		St	udent		Highi	and Ni	ght School		
6	17. FATNER'S NAME (First, Middle, Lest) Rickey St	e Surname)								
TO BE	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AGORESS (Street and Number or Fural Route Number, City or Town, State, Zip Code) Shelia Lesane / mother 3700 9th Street S E #1220 Uzeh									
8		20h BLACE AND DATE OF DISPOSITION WAS IN								
	20s_METNOD OF DISPOSITION XX Buriel 2 □ Cremetion 3 □ Rem 4 □ Donation 5 □ Other (Specify)	OATE 20c. LOCATION — City or Town, Stata 2/12/92 Landover, MD								
	21. SIGNATURE OF PINERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY									
	May 4	Robert G. Mason Funeral Home, Inc. 1661 Good Hope Road, S.E. Wash., DC complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory errest, Approximent								
CATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions,	a. Due to (or as a	CONSEQUENCE OF	ind c	st He	ed		Approximete intervel Betwee Onset end Daa		
BITIFIC	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
N: MEDICAL CE	PART II. Other significent condition	es contributing to deeth bu	t not resulting i	n the underlylr	ng ceuse given in	Part I, 24s. WAS AF PERFO	RMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION DE CAUSE OF DEATH? YES 2 \(\sqrt{\text{NO}}\) NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO	HOSPITAL: 1 ☐ Inpettant 2 ☐ ER/Outpe	Nort 2 DO	OTHER	LACE OF DEATN (Ch		08 00	NALD ROAD		
Η̈́	27. MANNER OF DEATN	25a. DATE OF INJURY	28b. T/M	E OF 28c. IN.	JURY AT	8 Nother (Specify) 6				
ву Р	1 Natural 5 Pending 2 Accident Investigation	02/05/92	10:		ORK? YES 2 X NO	SUBJEC	T SHOT			
	3 Sutcida S Could not be	ca	28f. LOCATION (Street	and Number or Ri	ural Route Number,					
EFE		Apar	tment	Buildi	ng	6608 RON	ALDIRO	DAD Heights,		
O BE COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSI	CtAN: To the best of my knowle R: On the basis of examination	dga, daath occurre and/or investigation	d at the time, date	a and place, and dua death occured at the	to the cause(s) and ma time, data and place, as	nner as atated.	use(s) and manner as stated,		
BE C	296. SIZHATURE AND TITLE OF CERTIFIEF				29c. LICENSE NUM			NEO (Month, Day, Year)		
00	1 mon	when			O.C.M	.E.	▶02/0			
0							,			
10	T LARON LO	32. REDISTRAR'S BIGNA	11 PEN	N STRE	ET.BALT	IMORE.MA	RYLANI			



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STRAR CERTIFICATE OF DEATH REG. NO.	re .	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HY	GIENE
OEITH IONIE OF DEATH	ISTRAR	CERTIFICATE OF DEATH RE	G. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI			MENTAL HYGIEN				
,	State K	RUBY E.	STEVENS			2 9	97	YEAR /	OSO A M	
		□ M 2 🗓 F 9.	3 YRS.	HUNDER 1 YEAR DAYS	HOURS MIN.	AUGUST 5,	1898	MARYL	(State or Foreign	
OR	MALLARD BAY NURSIN	•		CAMBR1		AIH	DORCHESTER			
DIRECTOR	MARYLAND DORCHE	STER		0c. CITY, TOWN OR LOCATION HURLOCK				1	NSIDE CITY LIMITS? YES 2 NO	
FUNERAL	100. STREET AND NUMBER 100 MARYLAND AVENU	JE		101.	ZIP CODE 21643		10g. CITIZEN OF WHAT COUNTRY?			
BY FUN	11. MARITAL STATUS 12 1 X Never Merried 2 Merried 3 Widowed 4 Divorced	U.S. ARMED 2 ZINO TES	If yes, spe		IC ORIGIN? (Specify Yen, Puerto Rican, atc.)			white		
COMPLETED	(Specify only highest grade con	(Specify only highest grade completed) (She kind of work done during most of working like Do NOT use matired)						STRY		
COM	17. FATHER'S NAME (First, Middle, Last)	-	BANK ME (First, Middle, Maide)	Sumame)						
BE (JOHN WESLEY STEVEN	S	Tank MAN MO M	200500 (0)	EMMA V					
2	BERTHA T. HARPER		1.00			Noute Number, City or To		(000)		
	BERTHA T. HARPER P. O. BOX 223, HURLOCK, MD 21643 20a. METHOD OF DISPOSITION 1 Duriel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) P. O. BOX 223, HURLOCK, MD 21643 20b. PLACE OF DISPOSITION (Name of cometer); cremetory or UNITY WASHINGTON CEMETERY HURLOCK, MD								nte	
	21. SIGNATURE OF FUNEAAL SERVICE LICENS		le	ZELLEI	D ADDRESS OF FA		ARKET	MD 2	1631	
CERTIFICATION	23 PARTI. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart failure. List only one cause on each line.								Interval Between Onset and Death	
PHYSICIAN: MEDICAL CE	PART II. Other significent conditions of Demention	it not resulting in	the underlying		N AUTOPSY PRMED? 2 NO	AVAIL COMP OF DE	AUTOPSY FINDINGS ABLE PRIOR TO TLETION DF CAUSE EATH? YES 2 NO			
NA	25. WAS CASE REFERRED TO MEDICAL				ACE OF OEATH (Ch	eck only one)		1		
YSIC	1 YES 2 NO 1	OSPITAL:	tlent 3 DOA 4	-		6 Other (Specify)				
	27. MANNER OF DEATH 1 Natural 5 Pending	28a, DATE OF INJURY (Month, Day, Year)	28b. TIME INJUI	RY WC	RK?	28d. DESCRIBE HOW	INJURY OCCL	JRED		
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Speci	At home, farm, str	M 1 YES 2 NO me, farm, street, factory, office 28f. LOCA City of			CATION (Street end Number or Rural Route Number, y or Town, State)			
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAL (Check only one) 2 MEDICAL EXAMINER: (N: To the best of my knowle							menner ee stated.	
8	29b. SIGNATURE AND TITLE OF CERTIFIER	Rens	mo-	29c. LICENSE NUMBER				29d. DATE SIGNED (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF DEA	302 (erint)		lock me				
31. DATE FILED (Month, Day, Year) SZ REGISTRAB'S SIGNATURE FFR 25°97 Fund Davidson-Randalle										



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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

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	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEP/ CERTI						YGIEN EG. NO.	E .				
	1. DECEDENT'S NAME (First, Middle, Last)	Frank (nm	n) Sud	la				2. DATE OF I	20,	 1992	YEAR	3. TIME OF	DEATH AM	м
	4. SOCIAL SECURITY NUMBER 199 • 09-6371	5. SEX 8. AGE (III	n yrs. lest birthda	MONTHS	DAYS	HOURS	MIN	7. DATE OF E (Month, De Peb. 4	SIRTN y, Year)		Counti	IPLACE (States)		
B.	9a. FACILITY NAME (If not institution, give street and number) Fallston General Hospital 9b. CITY, TOWH OR LOCATION OF DE Fallston											EATH	and a	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Maryland I	Harford		ATY, TOWN	OR LOCAT	TION						10d. INSID		
	100. STREET AND NUMBER 1200 Pulaski Hic		Tool	Joppa 101. ZIP CODE 21085					10g. CITIZEN OF V USA				2 NO	_
FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married	U.S. ARMED 2 NO	13. WAS DECENDENT OF HISPANIC ORIGINAL Specify Cuban, Maxican, Puerte							14. RAC	E — America	n Indian,		
IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: Spe								mite						
								.ce						
										Sumame)				
TO BE	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4248 Country Club Circle, Virginia Beach, Va. 23455													
	20e. METHOD OF DISPOSITION 1	ound from Ctate	other place) A. Fe				•			cation — Che	•	wn, State , Pa.		
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HOWARD K. McComas III Funeral H 1317 Cokesbury Road, Abingdon,														
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Final													
	disease or condition reaulting in death) a. Condical Hypothesia (OR AS A CONSEQUEMOS OF):													
NOIT	Sequantially list conditions, if any, leading to immediata	DUE TO (OR AS A	CONSEQUENCE	OF):				-					_	-
CERTIFICATION	cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE	OF):								-		
I	PART ii. Other eignificant condition	a contributing to death be	ut not reauitir	ig in tha u	ındariyin	g cause g	jiven in	Part I. 24	e. WAS AN		248	. WERE AUTO		GS
MEDICAL								11	PERFOR		1	OMPLETE OF DEATH1	ON OF CAUSE	
												1 [] 123	2 100	
SiC!	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpi	etlant 3 🗆 DO	OTHE	R:			eck only one)	neo/h/l					-
PHYSICIAN:	27. MANNER OF DEATN 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b.	TIME OF INJURY	28c, IN.	JURY AT ORK?			Other (Specify) Id. DESCRIBE HOW INJURY OCCURED					
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Speci	— At home, fam	m, street, fa	ctory, offic	a		26f. LOCATIO	ON (Street bwn, State)		or Or Rural	Route Numbe	NG.	_
COMPLET	cont only	CIAN: To the best of my knowlers: On the basis of examination										s) and mann	er sa stated	
BE	29b. SIGNATURE AND TITLE OF CERTIFIES						NSE NUN				TE SIGNE		50	ー
2														

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

FEB 21 92

32. SECISTRAN'S SIGNATURE AS INCOME.

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BALTIMORE, MARYLAND 21203-3146

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fi	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, th
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	rat, Middle, Last)	Jacob Sto	11		ICATE OF			2. DATE OF DEATH). Ay 1	992	3. TIME OF DEATH 12:10 A	
. SOCIAL SECURITY NUI		5. SEX	8. AGE (In yrs. I	ant hirthrims	IF UNDER 1 YEAR	IF UNDER	24 HDS	7. DATE OF BIRTN	3 1		LACE (State or Foreign	
217-09-75		1 1 M 2 F	7:	74 O 11	MONTHS DAYS	HOURS	MIN.	(Month, Dey, Year) 12/19/1	919	Country)		
a. FACILITY NAME (# not			9b. CITY, TOWN OR LOC			OR LOCATIO	ON OF DE			NTY OF DEA	eh	
320 Norg								Maryland	17.	Ltimo		
RESIDENCE OF DE					1.02000	erstown, rary rand baremore						
IOn. STATE	10b. COUN			10c. CIT	TY, TOWN OR LOCA					10d. INSIDE CITY LIMITS?		
Maryland		Baltimor	6		Reister	stown	1			1 - YES 2 - NO		
IOO. STREET AND NUMBE					10	f. ZIP CODE		100	10g. CIT		HAT COUNTRY?	
	320 1	Norgulf R	oad					136		U.S.		
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 TYPES 2 IF YES, GIVE WAR OR DATES WW II					If yes, sp		n, Mexica	NIC ORIGIN? (Specify Ye in, Puerto Rican, etc.) y:	a or No—	14. RACE - Black, Specify	- American Indian, White, etc. White	
15. D	ECEDENT'S ED	UCATION	16a. E	DECEDENT'S	USUAL OCCUPATI	ON		16b. KIND OF BU	JSINESS/INI	DUSTRY		
Elementary/Secondary	only highest grad y (0-12)	College (1-4 or 5	+)		work done during mi see retired.)		g					
12				Shipp	ing Cler	k		Telep	hone			
17. FATHER'S NAME (First,		A. Stolin	nski					ME (First, Middle, Maide) ephine Siv		icz		
90. INFORMANT'S NAME Helen S					,			Acute Number, City or Too Reistersto		,	1136	
20e. METHOD OF DISPOS 1 De Burlel 2 Creme 1 Donation 6 Dot	tion 3 🗆 Re	moval from State			n Forest					City or Tow		
21. SIGNATURE OF FUNERAL SERVICE LICENSEE Marzullo Funeral Service 3981 Carrollton Rd., Upperco Md. 21155												
23. PART I. Enter the shock, or		. List only one ca			not enter tha me	oge of ay	ing, suc	ii es cerdiec of real	piratory ar	rest,	Approximate	
IMMEDIATE CAUSE (i disease or condition resulting in deeth) Sequentially list conditions, leading to immediate, leading to immediate. Cause Enter UNDER, CAUSE (Disease or lithat initiated events resulting in deeth) Li	ditions, mediate LYING njury	c	O OR AS A CONS			Ca	en	cer			Interval Between	
disease or condition resulting in deeth) Sequentially list con- if any, leading to im- cause. Enter UNDER CAUSE (Disease or in that initiated events	ditions, mediete LYING njury	e. DUE TO	O (OR AS A CONS	SEOUENCE (DF):			Part 1. 24a, WAS A	N AUTOPSY PRIMED? 2 4 10		Interval Betwee Onset and Des 4 WKS 3 MO	
disease or condition resulting in deeth) Sequentially list con- if any, leading to imrause. Enter UNDER CAUSE (Disease or in that initiated events resulting in death) L. PART II. Other algorit	ditions, mediete LYING njury AST	e. DUE TO	O (OR AS A CONS	SEOUENCE (OF): In the underlyle	ng cause	given in	Part I. 24a, WAS A PERFC 1 TYES	PAMED?		Interval Between Onset and Des 4 WKS 3 MO WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
disease or condition resulting in deeth) Sequentially list con- if any, leading to imr- cause. Enter UNDER CAUSE (Disease or in that initiated events resulting in death) L. PART II. Other algniff 25. WAS CASE REFERRED EXAMINER?	ditions, mediete LYING njury AST	d. DUE TO	o (OR AS A CONS	SEQUENCE (26. I	ng cause s	given in	Part I. 24a, WAS A PERFC 1 YES	PAMED?		Interval Between Onset and Des 4 WKS 3 MO WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
disease or condition resulting in deeth) Sequentially list conif any, leading to improve the cause. Enter UNDER CAUSE (Disease or in that initiated events resulting in death) L. PART II. Other significations are cardiners? 1 YES 2 NO 27. MANNING OF DEATN 1 Natural 6	ditions, mediete LYING njury AST	d. DUE TO	o (OR AS A CONS	REQUENCE (26. F OTHER: 4 Nursing No	ng cause s	given in	Part I. 24a, WAS A PERFC 1 TYES	PRMED? 2 (4NO	pie	Interval Betwee Onset and Des 4 WKS 3 MO WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
disease or condition resulting in deeth) Sequentially list conif any, leading to improve the cause. Enter UNDER CAUSE (Disease or in that initiated events resulting in death) L. PART II. Other signiff 25. WAS CASE REFERRET EXAMINER? 1 YES 2 NO 27. MANNIER OF DEATN 1 Natural 6 2 Accident	ditions, medicte LYING njury AST	d. DUE TO d. HOSPITAL: 1 inpetient 2 28e. DATE 0 (Month,	D (OR AS A CONS D death but no D death but no	3 DOA 26b. Ti	26. F OTHER: 4 Nursing No	PLACE OF D PLACE OF D Mmo 6 A JURY AT ORK? YES 2 [given in	Part 1. 24a, WAS A PERFC 1 YES heck only one)	PRMED? 2 1400 2 1400 2 INJURY OC	S PIC.	WERE AUTOPSY FINDIN ANALABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?	

Craig G. Haber, M.D. 5 Chartley Park Rd. Reisterstown, MD 21136

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-	the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	, or item 23 shows any injury, or other traumatic event, the medical examiner must be
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	ygiene	, or item 23 shows any Injury, or other traumatic event, the m
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	1 - STATE REGISTRAR	SIAIL OF	CE	RTIF	ICATE	OF	DEAT	H UNA	ENIAL HY	S. NO.	Ŀ		00174	
	1. DECEDENT'S NAME (First, Middle, L								2. DATE OF DEA	DA	Y	YEAR	3. TIME OF DEATH	
	Phyllis J. 4. SOCIAL SECURITY NUMBER		III a cesti a manage						Feb.	11	19	952	8:23 AM M	
	05 449 626 712	5. SEX	6. AGE (In yrs. last 80	vrs.	MONTHS 1	DAYB	IF UNDER	MIN.	(Month, Day,)	bar)		Country		
	9a. FACILITY NAME (If not institution, g				9b, CITY, T	OWN O	R LOCATIO	ON OF DEAT	Nov. 6	19.		Aust	ralia	
TOR	Prince Georges Hospital Center Cheverly Prince Georges													
REC	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION								10d, INSIDE CITY					
2		A	We	ston	Ont	ario		Canada				1 YES 2 NO		
FUNERAL DIRECTOR	320 Dixon Road		101. ZIP CODE					10g. CITIZEN OF WHAT			HAT COUNTRY?			
84	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	IE VES OIVE WAR OR DATES			13. WAS DECENDENT OF HISPANIC If yes, specify Cuban, Maxican, 1 YES 2 NO Specify:				n, Puerto Rican, etc.)			Black,	4. RACE — American Indian, Black, White, etc. Specify: White	
COMPLETED	15. DECEDENT'S (Specify only highest g Elementary/Secondary (0-12)	+) (GA	ECEDENT'S USUAL OCCUPATION live kind of work done during most of working . Do NOT use retired.) Homemaker					16b. KIND (Home	DUSTRY			
ő	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	ER'S NAME	E (First, Middle, I	Aaiden	Surname)			
BE	First Name Unk	nown		erts					Name					
2	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4114 BISHOPMILL DRIVE, Upper Marlboro Md. 20772										1. 20772			
	20a. METHOD OF DISPOSITION 1													
	21. SIONATURE OF FUNERAL SERVICE	ELICENSEE	Metro	DOT.	22. NA	ME AN	D ADDRES	S OF FACIL					Virginia	
	* Kobert E.	Evano	Pro	<i>a</i>).	16	000	Ann	apoli	ineral Is Road	Вс	wie	Marv	land 20715	
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition									interval Between Oneet and Death (Lunce).				
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO								24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO					
CIA	25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:				26. PL	ACE OF D	ATH (Checi	k only one)					
PHYSICIAN:	1 TYES 2 TATO	1 Inpatient 2	ER/Outpatient 3	□ DOA	OTHER:	g Home	6 🗆 Re	sidence 6	Other (Specif	ly)				
ВУ РН	27. MANNER-OF DEATH 1 Netural 5 Pending 2 Accident Investigati		F INJURY Day, Year)	26b. TH	JURY	Bc. INJU WOR 1 Y		-	86. DESCRIBE	HOW II	JURY OCC	CURED		
	3 Suicide 6 Could not determine	be 26s. PLACE building	OF INJURY — At hon , atc. (Specify)	ne, ferm,	street, factory	, office		2	Bf. LOCATION (City or Town,	Street a State)	nd Number	or Rural Ro	oute Number,	
COMPLETED		HYSICIAN: To the best of											and manner as stated.	
8	296. SIGNATURE AND TITLE OF CERT	PIER Certifo	- des				29c. LICE	NSE NUMBI	7 >		29d. DAT	SIGNED (Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAL	JSE OF DEATH (ITEM		o. Print)	シュ	·/a	, (1100	4	bel	1+17	D 20270	
	31. DATE FILED (Month, Day, Year)	93 32. REGISTR	AR'S SIGNATURE	Rando						-11		,		

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		C	ERTIFIC	CATE C	F DEATH	RE	G. NO.		
1, DECEDENT'S NAME (First, Middle EDWARD	M.	STIN	NETT			2. DATE OF DI	EATH DAY	9 YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 228-09-8386	5. SEX 1 ☑ M 2 ☐ F	6. AGE (In yrs. les		IF UNDER 1 YEAR		7. DATE OF BII (Month, Day, 01-06-	Year)	8. BIRT Coun	HPLACE (State or Foreign try) Virginia
9a. FACILITY NAME (If not institution 3412 Toledo Te					N OR LOCATION OF E	EATH		DUNTY OF	George's
RESIDENCE OF DECEDE	NT						111	Ince	George S
	county rince George	e f s		tsvil	Le				10d, INSIDE CITY LIMITS? 1 X YES 2 NO
3412 Toledo Te					20782			S.A.	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Marrie 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	X YES 2 1		If yes	DECENDENT OF HISPA specify Cuban, Maxic (ES 2 NO Speci	an, Puerto Rican,	etc.)	- 14. RAC Blac Spec	E — American Indian, ck, White, atc. cfly: White
15. DECEDENT (Specify only higher Elementary/Secondary (0-12) 12th Grade	College (1-4 or 5 d	(G life	ive kind of wo Do NOT use	retired.)	ATION most of working		of Business		.+-
17. FATHER'S NAME (First, Middle, I		Hai	псена	iice Ei		AME (First, Middle,			
W. G. Stinne					Ethy1	St	innett		.,
Johnny M. Sche	,				et and Number or Rural Terrace,				20782
20a. METHOD OF DISPOSITION 1 Durial 25 Cremation 3 4 Donation 5 Other (Special		20b. PLACE	AND DATE OF	oisposition	(Neme of matory 2	-16-92	Alexano	– CHy or T	own, State Virginia
21. SIGNATURE OF FUNERAL SER	y July			Fran	AND ADDRESS OF F	Sons	Funer	al Ho	me, P.A.
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	۵	OR AS A CONSE			y Cerre	st			
PART II. Other significent co	d.	deeth but not r	esulting in	tha underl	ring ceuse given in		WAS AN AUTOPS PERFORMED? YES 2 NO	SY 24	b. WERE AUTOPSY FINDINGS MARILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MED EXAMINER?	HOSPITAL:			26 OTHER:	PLACE OF DEATH (C	heck only one)			
1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pendin	1 Inpatient 2 Inpa	INJURY		OF 28c.	INJURY AT WORK?		HOW INJURY	OCCURED	
2 Accident Investigation Accident Investigation Accident Accident Investigation Accident	not be 26s. PLACE O building,	F INJURY — At ho etc. (Specify)	me, farm, str		YES 2 NO	26f, LOCATION City or Town	(Street and Num n, State)	ber or Rural	Route Number,
	PHYSICIAN: To the best of XAMINER: On the basis of a								a) and manner as stated.
29b. SIGNATURE AND TITLE OF CE	ERTIFIER	5			29c. LICENSE NU	MBER 7934	29d. D	ATE SIGNE	0 (Month, Day, Year) 15/92
30. NAME AND ADDRESS OF PERS	IN MA	7500	M 27) (Type, P	rini) enwa	Conte	Dive (Greens	eet.	4D 20770
FFB 18 1992	Julia Davidse	R'S SIGNATURE	2					_	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

Julia Davidson-Randall

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a mount after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNEGAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriah-tran	be filed within 72 hours after death with the State Dept. of Health and Mental Hypiene prior to bunal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

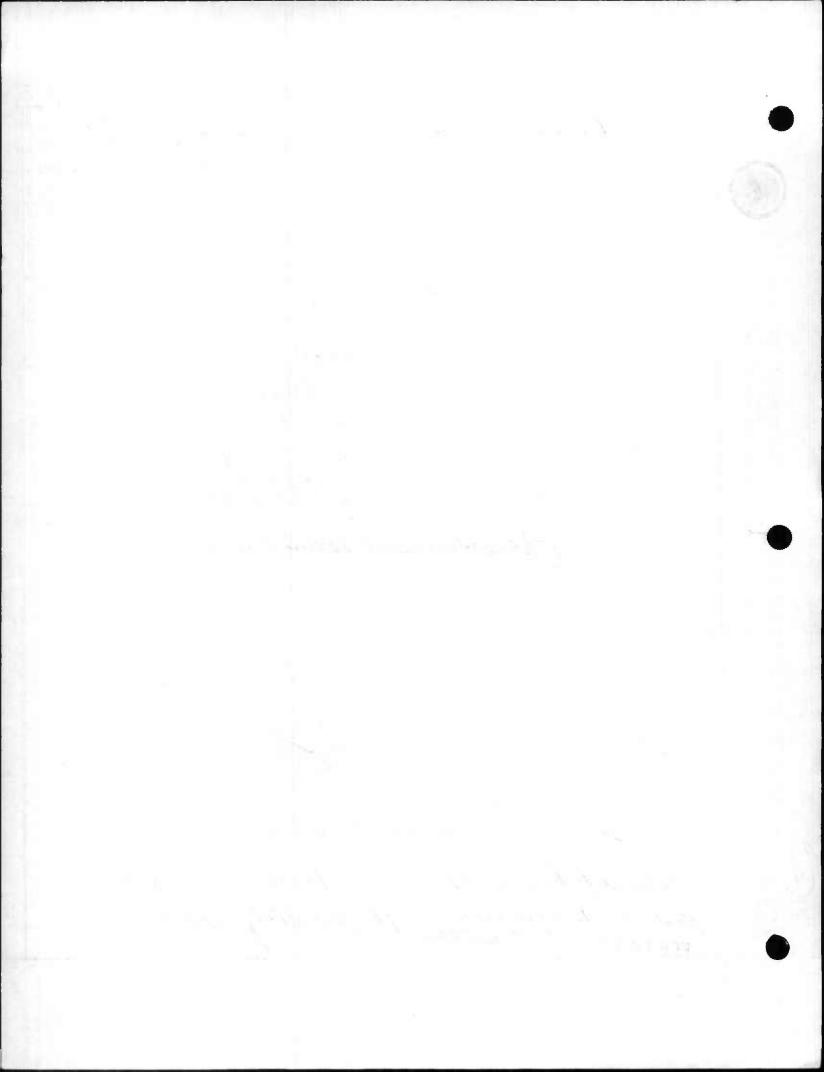
92-06176

1 - STATE REGISTRAR	SINIE OF MARTE			HEALTH AND		REG. NO.	10		6176
1. DECEDENT'S NAME (First, Middle, L	Lest)				2. DATE OF	F DEATH		3. 1	IME OF DEATH
JOHN JOSEPH SOS	NOWSKI, JR.				Febru.	ary 17		92 7:	20 AM M
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. lest birthday)	IF UNDER 1 YEA		7. DATE OF (Month, L		0.	BIRTHPLAC Country)	CE (State or Foreign
344-18-6482	1 M 2 □ F 6	8 YRS.	MONTHS DAY	B HOURS MIN.	02-14	-1924		Illin	ois
9a. FACILITY NAME (If not institution,	give street and number)		9b. CITY, TOV	N OR LOCATION OF D	EATH			Y OF DEATH	
Gladys Spellman		r	Cheve	rly			Princ	ce Ge	orge's
RESIDENCE OF DECEDENT 10a. STATE 10b. CO		10c, CITY	, TOWN OR LO	CATION				10d	. IHSIDE CITY
Maryland Pri	nce George's	Lau	irel						LIMITS? X YES 2 □ HO
10s. STREET AND NUMBER	nee dearge b	Lac	1	101. ZIP CODE			10g. CITIZE		COUNTRY?
902-B Park Aven	ue		- 1	20707			Unite	ed Sta	ates
11. MARITAL STATUS	12. WAS DECEDENT EVER	N U.S. ARMED		DECENDENT OF HISPA			or No— 1	RACE -	American Indian, lita, etc.
1 Hever Married 2 XXMarried 3 Wildowed 4 Divorced	FORCES? 1 TYES			, specify Cuban, Maxico YES 2 NO Specific		can, etc.)		Specify:	irte, etc.
	Yes, WW-2			NO				white	
15. DECEDENT'S (Specify only highest		16a. DECEDENT'S I (Give kind of w life. Do NOT use	vork done during	ATION most of working	16b. K	(IND OF BUSI	NESS/INDU	STRY	11
Elementary/Secondary (0-12)	College (1-4 or 5 +)	Supervis				Airli	nec		
17. FATHER'S NAME (First, Middle, Las		Bupervis	,01	18. MOTHER'S NA	AME /Elest Mic				
John J. Sosnows	·					Witch			
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Str	set and Number or Rural				ode)	
Georgia A. Sosno	owski	902 B	Park A	Avenue, La	urel,	Maryl	land 2	20707	
20e. METHOD OF DISPOSITION		b. PLACE OF DISPOS		f cemetery, crematory or		-	ATION — CI		Btata
# 4 □ Donation #5 □ Other (Specify)	F	t. Lincol	ln Ceme	etery 02-1	9-92	Bren	twood	i, Ma	ryland
TAIS GRATURE OF FUHERAL SERVICE	DE LICENSEE		22. NAM E'D A I	E AND ADDRESS OF FA	ACILITY L C COI	MC EIIN	TEDAT	HOME	TD A
+ Mark 19	Swham	,		BALT. AV					
23. PART I. Enter the diseases	, or complications that cause	d tha daath. Do n							Approximate
	lure. List only one cause on								
									Interval Between
iMMEDIATE CAUSE (Final disesse or condition	0			. 1	A	Mr.	4		Interval Between Onset and Death
	0		Ti:	any	B	Mr.	+		
disesse or condition resulting in death)	0	A COHSEQUENCE OF	*****	ally	b	Mr.	+		
disesse or condition	a. CANAL DUE TO (OR AS				b	Mr.	+		
disesse or condition resulting in death) Sequentially list conditions,	b. DUE TO (OR AS	A CONSEQUENCE OF	F):	Stro'	ke	Mrs.	+		
disesse or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b. DUE TO (OR AS	A COHSEQUENCE OF	F):		ke	Mrs.	+		
Sequentially list conditions, if any, landing to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE TO (OR AS	A CONSEQUENCE OF	F):		ke	Mrs.	+		
Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS C. DUE TO (OR AS d. ditions contributing to death	A CONSEQUENCE OF	F): F): [n the under	Stro		24a. WAS AN A			Onset and Deeth T- 1 RE AUTOPSY FINDINGS
Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS C. DUE TO (OR AS d. ditions contributing to death	A CONSEQUENCE OF	F): F): [n the under	Stro	n Part i.		MED?	CO	Onset and Daeth T - T - T - T - T - T - T - T - T - T
Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS C. DUE TO (OR AS d. ditions contributing to death	A CONSEQUENCE OF	F): F): [n the under	Stro	n Part i.	24a. WAS AN A PERFORM	MED?	AMA COI OF	Onset and Deeth 1-9 RE AUTOPSY FINDINGS IILABLE PRIOR TO
Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS C. DUE TO (OR AS d. ditions contributing to death	A CONSEQUENCE OF	F): F): [n the under	Stro	n Part i.	24a. WAS AN A PERFORM	MED?	AMA COI OF	Onset and Death 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS c. DUE TO (OR AS d. DUE TO (OR AS	A CONSEQUENCE OF	F): In the under	Stro	n Part i.	24a. WAS AN A PERFORM	MED?	AMA COI OF	Onset and Death 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the cause of the	a. DUE TO (OR AS DUE TO (OR AS d. DUE TO (OR AS d. HOSPITAL: 1 Inpetient 2 ER/Out	A CONSEQUENCE OF A CONSEQUENCE OF but not resulting	in the under	Stroid lying cause given in	Part i.	24e. WAS AN A PERFORM	MED?	AMA COI OF	Onset and Death 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
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Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the condition	a. DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS d. DUE TO (OR AS d. HOSPITAL: 1 Inpetiant 2 ER/Out (Morth, Day, Year)	A CONSEQUENCE OF A CONSEQUENCE OF but not resulting partient 3 DOA 28b. TIM	In the under 2 OTHER: 4 In burning E OF 28c URY M 1	lying cause given is 8. PLACE OF DEATH (C) Home 5 Rasidence IHJURY AT WORK? YES 2 NO	heck only one	24a. WAS AN A PERFORM 1 UYES 2X (Specify) CRIBE HOW IH	JURY OCCL	AM COO	Onset and Daeth T - T - T - T - T - T - T - T - T - T
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the cause of the conditions of the cause o	B. DUE TO (OR AS DUE	A CONSEQUENCE OF A CONSEQUENCE OF but not resulting tentiant 3 DOA 28b. TIM INJ	In the under 2 OTHER: 4 In burning E OF 28c URY M 1	lying cause given is 8. PLACE OF DEATH (C) Home 5 Rasidence IHJURY AT WORK? YES 2 NO	Part i. 2 check only one) 8 Other 28d. DESC	24a. WAS AN A PERFORM 1 UYES 2	JURY OCCL	AM COO	Onset and Death T - T - T - T - T - T - T - T - T - T
Sequentially list conditions, if any, isading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the cause of the	a. DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	A CONSEQUENCE OF A CONSEQUENCE OF but not resulting but not resulting Consequence of the consequence of	The under The under	lying cause given is 8. PLACE OF DEATH (C) HOME 5 Residence IHJURY AT YES 2 NO office	theck only one) 8 Gother 28d. DESC	24a. WAS AN A PERFORM 1 UYES 20 (Specify) RIBE HOW INTOWN, State)	MED?	AMACON CONTROL OF THE	Onset and Death T - T - T - T - T - T - T - T - T - T
Sequentially list conditions, if any, isading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the cause of the	B. DUE TO (OR AS DUE	A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF but not resulting tpetlant 3 DOA 28b. TIM INJ	The under The under	lying cause given is 8. PLACE OF DEATH (C) HOME 5 Residence HUJBRY AT VES 2 NO offica	theck only one) 8 Gother 28d. DESC 28t. LOCAL City one	24a. WAS AN A PERFORM 1 UYES 20 (Specify) CRIBE HOW IH TIOH (Street ar Town, State)	MED? [XNO IJURY OCCL and Number of Number o	AMACON OF t [Onset and Death T - 1 RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the condition	a. DUE TO (OR AS b. DUE TO (OR AS c. DUE TO (OR AS d. DUE TO (O	A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF but not resulting tpetlant 3 DOA 28b. TIM INJ	The under The under	lying cause given in 8. PLACE OF DEATH (C. Home 5 Rasidence IHJURY AT WORK? YES 2 NO office deta and piece, and du on, death occured at th	theck only one) 8 Other 28d. DESC 28t. LOCAl City or	24a. WAS AN A PERFORM 1 UYES 20 (Specify) CRIBE HOW IH TIOH (Street ar Town, State)	MED? [VNO JURY OCCU Ind Number of the to	AMA COI OF t [Onset and Death T - G - G - G - G - G - G - G - G - G -
Sequentially list conditions, if any, isading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the cause of the	a. DUE TO (OR AS b. DUE TO (OR AS c. DUE TO (OR AS d. DUE TO (O	A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF but not resulting tpetlant 3 DOA 28b. TIM INJ	The under The under	lying cause given is 8. PLACE OF DEATH CO Mome 5 Rasidence IHJURY AT WORK? YES 2 NO office data and piece, and do on, death occured at the	theck only one) 8 Other 28d. DESC 28t. LOCAl City or	24a. WAS AN A PERFORM 1 UYES 20 (Specify) CRIBE HOW IH TIOH (Street ar Town, State)	MED? [VNO JURY OCCU Ind Number of the to	AMA COI OF t [RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condexaminer? 1	B. DUE TO (OR AS DUE	A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF but not resulting but not resulting Consequence of the consequence of th	The under The under	lying cause given is 8. PLACE OF DEATH (O Home 5 Raeldence IHJURY AT VES 2 NO offica data and piece, and do on, death occured at the	theck only one) 8 Other 28d. DESC 28t. LOCAl City or	24a. WAS AN A PERFORM 1 UYES 20 (Specify) CRIBE HOW IH TIOH (Street ar Town, State)	MED? [VNO JURY OCCU Ind Number of the to	AMA COI OF t [Onset and Death T - G - G - G - G - G - G - G - G - G -
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the condition	B. DUE TO (OR AS DUE	A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF but not resulting but not resulting Consequence of the consequence of th	The under The under	lying cause given is 8. PLACE OF DEATH CO Mome 5 Rasidence IHJURY AT WORK? YES 2 NO office data and piece, and do on, death occured at the	theck only one) 8 Other 28d. DESC 28t. LOCAl City or	24a. WAS AN A PERFORM 1 UYES 20 (Specify) CRIBE HOW IH TIOH (Street ar Town, State)	MED? [VNO JURY OCCU Ind Number of the to	AMA COI OF t [Onset and Death T - G - G - G - G - G - G - G - G - G -
Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condexaminer? 1	B. DUE TO (OR AS DUE	A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF but not resulting but not resulting but not resulting Consequence of the consequence of t	The under The under	lying cause given is 8. PLACE OF DEATH (O Home 5 Raeldence IHJURY AT VES 2 NO offica data and piece, and do on, death occured at the	theck only one) 8 Other 28d. DESC 28t. LOCAl City or	24a. WAS AN A PERFORM 1 UYES 20 (Specify) CRIBE HOW IH TIOH (Street ar Town, State)	MED? [VNO JURY OCCU Ind Number of the to	AMA COI OF t [Onset and Death T - G - G - G - G - G - G - G - G - G -



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	DIVISION OF VITAL RECORDS,	PITAL DR ATTENDING PHYSICIAN: The law requires that the deal
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		1 - STATE REGISTRAR	STATE OF MARY		TMENT OF HEALTH AN ICATE OF DEATH			1-06/7
		1. DECEDENT'S NAME (First, Middle, Last	ELINIA	Smal,	/ SMALL	2. DATE OF DEAT MONTH		EAR 940
		4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday) 72 YRS.	IF UNDER 1 YEAR IF UNDER 24 H MONTHS DAYS HOURS M	TRS. 7. DATE OF BIRTY (Month, Day, Yo. 5/1/2	122 8	BIRTHPLACE (State or Foreign Country) URNWICK, GA
	LOR	PRINCE GEORGE CO		PITAL	96. CITY, TOWN OR LOCATION OF CHEVERLY		PRINC	OF DEATH
7	DIRECTOR	10e. STATE 10b. COUN			Y, TOWN OR LOCATION			10d. INSIDE CITY LIMITS?
permit. F		10e. STREET AND NUMBER	ICE GEORGE CO		CAPITAL HEIGH		10g. CITIZEN	1 PYES 2 NO
physician. buńal-transit	FUNERAL	505 SULFORK AVE	12. WAS DECEDENT EVER FORCES? 1 YES	2 NO	13. WAS DECENDENT OF H If yes, specify Cuban, M	lexican, Puerto Rican, etc	y Yes or No— 14.	. RACE — American Indian, Black, Whita, atc.
ending as the	ED BY	3 Wildowed 4 Diverced 15. DECEDENT'S ED			1 ☐ YES 2 🗗 NO S	Specify:		BLACK
hospital or att ached for use ce.		(Specify only highest grad Elementary/Secondary (0-12)		(Give kind of a	vork done during most of working		SERVI	
by the	BE COMPL	17. FATHER'S NAME (First, Middle, Last) HENRY WRICE			18. MOTHER	S NAME (First, Middle, Mi	siden Sumame)	
	TO E	JAMES H. BU	TLER		ADDRESS (Street and Number of FOLD BAYSIDE F			
6 may ctor, pa		20a. METHOD OF DISPOSITION 1	movel from State Cer	metery, crematory oxo	EMATORY	2/13/2	CLINTO	N, Mo.
death. e funera		21. SIGNATURE OF FUNERAL SERVICE L	les les		HENRY 5: W	PURROUGH	+ JONS AVE. N	20019 E, NASH., D.C.
ed within 24 nours ompletely filled in t al. cremation, or re-		23. PART I. Enter the diseases, or shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on e	each lina.	ulistracul			t, Approximate interval Between Onset and Destr
death certificate be executed attending physician and certal Hygiene prior to burish.	CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c	A CONSEQUENCE OF				
requires that the een signed by the of Health and M shows any Inji	: MEDICAL	PART II. Other aignificant condition	ons contributing to death i	but not resulting I	in the underlying causa give	PE	S AN AUTOPSY REORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
SICIAN: The law certificate has the State Dep	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINED? 1 NO	HOSPITAL: 1 inpatient 2 ER/Out	nations 3 DOA	26. PLACE OF DEATH OTHER: 4 Nursing Home S. Reside			
를 를 를 를 2	ву РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM		28d. DESCRIBE H	OW INJURY OCCUR	ED
DR ATTENDING I DIRECTOR: After hours after death Item 28 Is man	ETED E	3 Suicide 8 Could not be determined	28a. PLACE OF INJURY building, etc. (Spe	Y — At home, farm, a loify)	treet, factory, office	28f. LOCATION (SI City or Town, S	reet and Number or i State)	Rural Route Number,
크 그 이 누	COMPLE				nd at the time, data and place, and n, in my opinion, death occured a			ause(s) and menner as stated.
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: If	TO BE	296. SIGNATURE AND TITLE OF CHITTREE	Touches M	W)	421	NUMBER 12-30	29d. DATE SI	GNED (Month, Day, Year)
		ALGUITO P. LOG	make en MI	0,5009	Payburn (L. Ox Spu	MAD	0748
1		FFB 18 1992	32. BEGISTRAR'S STO	indite.		10		/



	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPARTA CERTIFIC	MENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIE				
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH		
	HARVELL	SIEWA	MI		MONTH 2	10.9	2 12-35 M		
	4. SOCIÁL SECURITY NUMBER 251-54-0458	5. SEX 6. AG		UNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 5-17-3		BIRTHPLACE (State or Foreign Country)		
	9a. FACILITY NAME (If not institution, give	atreet and number)		CITY, TOWN OR LOCATION OF			South Carolin		
DIRECTOR	SU MANYAND	HOSPIT	346	CHINTON		Congress of	INCE GEONGE		
EC	10e. STATE 10b. COUNT	Υ	10c. CITY, T	DWN OR LOCATION			10d, INSIDE CITY		
5	Maryland	PG	Ox	on Hill			LIMITS?		
AL	10s. STREET AND NUMBER			101. ZIP CODE		10g. CITIZE	OF WHAT COUNTRY?		
JER.	1904 Fenwood A	venue		20745		U.S	s.		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	13. WAS DECENDENT OF HISP- If yes, specify Cuban, Mexic 1 YES 2 NO Spec	cen, Puerto Rican, etc.)	es or No- 14	. RACE — American Indian, Black, White, etc. Specify:		
	15. DECEDENT'S EDU	ICATION	18a. DECEDENT'S USI	I COCCUPATION		l l	Black		
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work	done during most of working fired.) Marshall (Off. U. S				
₹	9TH		Asst.Su	pervisor					
	17. FATHER'S NAME (First, Middle, Last)				IAME (First, Middle, Maide	n Surname)			
BE	Collins Stewa 19a. INFORMANT'S NAME (Type/Print)	rt			nie Bell				
2		A D.E.	1	DRESS (Street and Number or Rura					
	GREGORY STEW 20a. METHOD OF DISPOSITION			Marlboro P					
	1 Burial 2 ☐ Cremation 3 ☐ Rem 4 ☐ Donation 8 ☐ Other (Specify)	noval from Stata	b. PLACE AND DATE OF D imetery, grematory or other	place)			or Town, State		
	21. SIGNATURE OF FUNERAL SERVICE LI	CENBER	lashingto	n National	ACILITY	iitlan	d.Maryland		
	-71	14	1	Austin Ro	yster Fur				
	23. PART I. Enter the diseases, or	complications that cous	ed the death. Do not	3605 14+h	Street.	N.W.	Wash. D.C.		
	IMMEDIATE CAUSE (Final	List only one ceuse on	eech line.	,,,,,,		, and	Interval Between Onset and Death		
	disease or condition resulting in death)	· Metastati	¿ Carein	oma of bran	in				
_	_			U					
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	OUE TO (QR AS	A CONSEQUENCE OF):						
3	cause. Enter UNDERLYING	Deizure !	dis order.						
	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF):						
	resulting in death) LAST	a Hyponat	uma						
	PART II. Other algolificant condition	ns contributing to death	but not resulting in t	ne underlying cause given i	n Part I. 24a. WAS A	MAIITODEV	24b, WERE AUTOPSY FINDINGS		
N N	Pn		2%	and an individual street in	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
ED	Se	Man Prince			1 TYES	2 NO	OF DEATH?		
Σ		o morcean					1 YES 2 NO		
A	25. WAS CASE REFERRED TO MEDICAL			28. PLACE OF DEATH (C	theck only one)				
Sic	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Ou		THER:					
PHYSICIAN: MEDIC	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME O	Nursing Home 8 Residence F 28c. INJURY AT	28d. DESCRIBE HOW	INJURY OCCUR	FD		
	1 Natural 8 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	M 1 YES 2 ND					
9 87	2 Accident Investigation 3 Suicide a Could not be	28a. PLACE DF INJUI	IY — At home, farm, stree	t, lactory, offica	28I. LOCATION (Street	and Number or	Rural Route Number,		
N I	4 Homicide determined	Dullding, Mrc. (Specify)							
COMPLEIED	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the beat of my kno	wledge, death occurred at	The time, date end piece, and du	e to the cause(a) and mi	oner en stated			
OM			suse(a) and manner as stated.						
	296. SIGNATURE AND TITLE DF CERTIFIE			29c, LICENSE NI			GNED (Month, Day, Year)		
29d. DALE SIGNED MON									
P 10- Rozard Turander D19518 >2/10/92 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)									
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF	EATH (ITEM 27) (Type, Prin	nt)					
2	2				21725				
0	2	O COMPLETED CAUSE OF D	102 Cl	ton, med.	20735				

April 2 33

35.1

DHMH-18 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the recent leads. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page 16 min 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	OIMIL OF M	CE		ICATE OF				EG. NO.	L		
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF S		v	YEAR	3. TIME OF DEATH
	JAMES	THOMAS	SPF	RIGGS	5			\$19/9		NY .		9.00PM
	4. SOCIAL SECURITY NUMBER 579-50-5587	5. SEX	6. AGE (In yrs. lesi	birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS	MIN.	7. DATE OF E (Month, De 4/2	иятн у. Year) /39		Country	h.,D.C.
LOR	9a. FACILITY NAME (If not institution, give str PRINCE GEORGES HOS		NTER		96. CITY, TOWN CHEVERL		ON OF DE	EATH			NTY OF DE	EORGE
DIRECTOR	10a. STATE Md. Pri	nce Geo	rge's	10c. CIT	Capito	TION L Hg	ts.					10d, INSIDE CITY LIMITS? 1 2 YES 2 NO
FUNERAL	100. STREET AND NUMBER 944 Balboa A	ve.			1	207				-		HAT COUNTRY?
В	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	IF YES, GIVE W	XYES 2 N	0	If yee, s		in, Mexica	NIC ORIGIN? (Sen, Puerto Ricar		or No-	14. RACE Black, Specifi	- American Indian, White, atc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12) 1 0 th	ATION	16a. DEC (Gh life.	CEDENT'S	USUAL OCCUPAT work done during n se retired.)	ION osl of worki	ng			uct		
COMF	17. FATHER'S NAME (First, Middle, Last)	~ ·		abo		4		ME (First, Middle y Tono	e, Maiden			
BE	Nelson Sprig	ys	191-	MAILING	ADDRESS (Store)					Carte Tie	0-4-1	
2	Gladys C. Spri	ggs		Sam	e as #	10	abov	ve	ny or iowi	n, State, Zip	(Code)	
	20a METHOD OF DISPOSITION 1 🔀 Burial 2 🗆 Cremation 3 🗀 Ramo 4 🗆 Donation 5 🗀 Other (Specify)	val from State	cemetery, crer	natory or o	of disposition (h hther place) Mem		2/	OATE		- NOITAS		
	21. SIGNATURE OF FUNERAL SERVICE LICE	, ()	al	-	22. NAME	S.W	ash a	ingtor oughs	1 &	Sons	s,In	C.
ATION	Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING	CARCINON DUE TO (MARIGHT OR AS A CONSECUTION AS A CONSECUTION OR AS A CONSECUTION OR AS A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A C	LUN DUENCE O LIA F	NG W√MET P: RIGHT LU	ASTAS NG -	SIS T	TO RIGH				Approximate interval Betwee Onset and Dest
CERTIFICATION	CAUSE (Discess or injury that initieted events resulting in death) LAST	TOXICE FO	OR AS A CONSEC	NECE	QLYSIS	EXTEN	4DED					
MEDICAL	PART II. Other significent conditions	contributing to	deeth but not re	esuiting	in the underlyle	ng ceuse	given in		WAS AN PERFOR			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 \(\subseteq \text{NO} \)
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. F	LACE OF E	EATH (Ch	eck only one)				
PHYSICIAN:	1 VES 2 NO 27. MANNER OF DEATH 1. Netural 5 Pending	28e. DATE OF (Month, Da		28b. TIN	4 Nursing Ho IE OF 28c, IN URY	JURY AT ORK?		8 Other (Sp 28d. DESCRIE		NJURY OC	CURED	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28a. PLACE OF building, (INJURY — At hor itc. (Specify)	ne, ferm,			_ NO	28t. LOCATIO City or To	N (Street a wn, State)	nd Number	or Rural Ro	oute Number,
COMPLETED	29a. CERTIFIER Check only one) 2 MEDICAL EXAMINER											and menner es stated.
TO BE C	29b. SIGNATURE AND TITLE OF CENTRES	artol	<			D/	768	2S		29d. DAT	E SIGNED	(Month, Day, Year)
-	30. NAME AND ADDRESS SERSON WHO	COMPLETED CAUS	K		Quit	a	Mo	1				
	31. DATE FILED (Month, Day, Year) FFR 1 2 1992	32. REGISTRAN	Savidsen-	Pande	82	- (



TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE Sweeny 1 -

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	REGISTRAN		OLITIII	CAIL	IF DEATH		REG. NO.		
1	1. DECEDENT'S NAME (First, Middle, Last)	414	10000 1000 /		-	2. DATI	E OF DEATH	NY .	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. S.		WEENEY	Jr.		02	03		92 11:10
	213 66 2478	M 2 □ F 35	yrs. last birthday) YRS.	IF UNDER 1 YE MONTHS DA		RS. 7. DATE (Mon NOV	of BIRTH th, Day, Year) 20 1	1956 BIRTHPLACE (State of Country) Maryland	
SH.	9a. FACILITY NAME (If not institution, give street as PRINCE GEORGE'S HOS	ΞR	96. CITY, TO	WN OR LOCATION O	OF DEATH		-11	TY OF DEATH	
5	RESIDENCE OF DECEDENT							FRIN	CL GLORGE 3
DIRECTOR	Maryland Prince	Georges		v, town on L wie	OCATION				10d. INSIDE CITY LIMITS? 1 XXES 2 \(\text{NO} \) NO
FUNERAL	104. STREET AND NUMBER 12712 Buckingham Dr:	ive			101. ZIP CODE 20715				ted States
N S	11. MARITAL STATUS 12. V	AS DECEDENT EVER IN U	.S. ARMED	13. WAS	DECENDENT OF HI	SPANIC ORIGI	N? (Specify Yes		
BY		ORCES? 1 TYES FYES, GIVE WAR OR DATE		It yes		sxican, Pusrto pecify: No	Rican, etc.)		14. RACE — American Indian, Black, White, atc. Specify: White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade comple	i i	8s. DECEDENT'S	USUAL OCCU			b. KIND OF BUS	SINESS/INDU	
9	Elementary/Secondary (0-12) Coll	ege (1-4 or 5+)	life. Do NOT us	e retired.)					n Transit
MP	12		Truc	k Mech			Author		
8	17. FATHER'S NAME (First, Middle, Last) William E. Sweeney	C-					Middle, Maiden		
BE	19s. INFORMANT'S NAME (Type/Print)	51.	10h MAII INC	ADDRESS (C)	ETIZA		Ann The		
임	William E. SweeneySi	•			ngham Dr				
	20a. METHOD OF DISPOSITION 1X Burlet 2 Cremation 3 Removal fr	20b. P	LACE AND DATE O	F DISPOSITIO	/Name of	DAT		_	Aty or Town, Stats
	4 Donation 5 Other (Specify)	Fo	rt Linc	oIn Ce	metery	2/7/92	2 Bre	entwoo	od Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEI	Comp	Par	Bea	e and address o 11-Evans	Funer			
-	23. PART i. Enter the diseases, or compl		11/62		00 Annap	olis I	Rd. Boy	vie Ma	aryland 20715
	iMMEDIATE CAUSE (Final	DIABETES ME	ELLITUS	W/REN			orac or respi	ratory arre	Approximate interval Between Onaat and De
CERTIFICATION	Sequentisity list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): C. BRONCHO PNEUMONIA DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
	PART ii. Other significant conditions con	tributing to death but	not resulting i	n the under	ying causa giver	n in Part I.	24a, WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDIN
PHYSICIAN: MEDICAL						PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
₹ V	25. WAS CASE REFERRED TO MEDICAL		· · · · · ·	2:	, PLACE OF DEATH	Check only o	ne)		
Sic		SPITAL: Inpatient 2 - ER/Outpati	ent 3 DOA	OTHER:	Home 5 🗆 Resider				
ੋਂ∥		28s. DATE OF INJURY (Month, Day, Year)	28b, TIME	OF 26c	INJURY AT		SCRIBE HOW II	NJURY OCCL	JRED
BY	1 Natural 5 Pending 2 Accident Investigation		INJI	M 1	WORK?	·			
	3 Suicide 6 Could not be determined	26s. PLACE OF INJURY — building, atc. (Specify)	At home, term, a	treet, lactory,	offica		CATION (Street a or Town, State)	nd Number o	or Rural Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: 2 MEDICAL EXAMINER: On								
BEC	190. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE	NUMBER		29d, DATE	SIONED (Month, Day, Year)
0 0	In Stidle		M.7		138	897		> 0	2/3/92
F	30. NAME AND ADDRESS OF PERSON WHO COM		(ITEM 27) (Type,	Print)	Con to	· 2.	PLIC	e (no l	et Md 2077
		22. RESISTAN DEIGHAS	191- Mande	22 0			Market		



Ban

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	nedis I nan		CERTIFI	CALE OF	DEATH	REG. N	0.	
	1. DECEDENT'S NAME (First, Middle, Last)	0.1.8				2. DATE OF DEATH MONTH	DAY YEA	3. TIME OF DEATH
	Jasuant	Coldin 7	ngh			02	10 92	4-000 M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. Vast birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	0. BI	RTHPLACE (State of Foreign
	213 98 1535	77 YRS.	MONTHS DAYS	HOURS MIN.	09-04-		India	
	9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN	OR LOCATION OF D		9c. COUNTY O	
E E	1500 Fourt G1	in Rd					mon	4
K	RESIDENCE OF DECEDENT			013. 7.	· /	2910	1 1 m	goney
DIRECTOR	10a. STATE 10b. COUNT	Y	10c. CITY	TOWN OR LOCAL	TION			10d. INSIDE CITY
5	Maryland Mont	gomery	Silv	er Spri	ne			LIMITS?
	10e. STREET AND NUMBER							1 TES 2 NO
M.	8702 2nd Avenue				f. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?
I I					20910		In	dia
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Specify Y		ACE — American Indian, lack, White, alc.
	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DA		II yes, sp	ecify Cuban, Maxico 2 XNO Specia	an, Puerto Rican, stc.)		
ВУ	34 Widowed 4 Divorced			, , , , ,	2 2 Specia	· Y	Ca	ucasian
	15. DECEDENT'S EDU	ICATION	16a. DECEDENT'S U	SUAL OCCUPATION	ON	16h KIND OF BI	USINESS/INDUSTRY	,
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of wo	ork done during mo retired.)	ast of working		701112097111009711	
PL		Compa (1-4 of 5 +)	Princ	inal		77.4	L C-1	
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)	5+	T I IIIC.	Ipai			gh School	L .
ö		1.				ME (First, Middle, Malde	n Surname)	
BE	Bakshi Ivarain Si	ign			Satwan	ti		
10	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street a	nd Number or Rural	Route Number, City or To	wn, State, Zip Code)	
=	Srabjit Singj					Spring, M		20010
	20a. METHOD OF DISPOSITION	20h	PLACE AND DATE OF				OCATION - City or	
	1 Burial 2 Cremation 3 Ram 4XXXonation 5 Other (Specify)	noval from Stata cam	etery cremetory or oth	ne place!				
	21. SIGNATURE OF FUNERAL SERVICE LIC	No	r. Va. C	remator	У	2/12 Ar1	ington '	Virginia
	THE OF PONEME SERVICE EN	ENSEE		AT LITT	D ADDRESS OF FA	eral Home		
- 3	homes (c)	. Socker	uca	3901	V. Fairf	ax Dr. Arl	ington	Va. 22203
	23. PART I. Enter the diseases, or abook or heart fallure	complications that course	Ab Just D					va. ZZZOJ
	shock, or heart failure.	List only one ceuse on ea	ich line.	t enter the mo	de of dying, suc	h es cerdiec or reap	iretory arrest,	Approximats interval Between
	IMMEDIATE CAUSE (Final	n n	ſ		01			Onset and Death
	disesse or condition resulting in death)	· Ku	minute	m	Laclas	7.		1
		DUE TO (OR AS A	CONSEQUENCE OF)	1 1	- Cul	LL.		
z	Sugar Endette Orlanguary I had							
9	Sequentially list conditions, if any, leading to immediate	DUE TO JOR AS A	CONSEQUENCE OF	Char 2a	age ou	The work	1 April	oup
X	cause. Enter UNDERLYING				0 4	0		
CERTIFICATION	CAUSE (Disesse or injury that initiated events	QUE TO (OR AS A	CONSEQUENCE OF				0.770	
E	resulting in deeth) LAST	10.10.10.10.10.10	CONTRACTOR OF E					
9		d						
	PART II. Other significant condition	s contributing to death be	at mot resulting in	the undertains	cause aluse in	Onet 1 Table 1988 of	armen I	
EDICAL	/3	1- N.	Gas I	C and and any and	cause given in	Part I. 244 WAII AN PERFO		Ab. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
0	Casceron and	T) UN	caru a			1 T YES	ELMO	OF DEATH?
M	It was proton 5	con .				1 1 1 1 1 1 1		1 TRS 2 5-40
	11.11.	,				75		(100) (100)
PHYSICIAN:	25. WAS CASE REPERHED TO MEDICAL			96 00	ACE OF DEATH /CN	and the same		
5	EXAMINER?	HOSPITALT	- 0	THER:	ACE OF DEATH ICH	not only one;		
ž	27. MANNER OF DEATH	* Ellifoutpa	tiert 3 DOA 4	☐ Nursing Home	5 🗆 Residence	6 C Other (Specify)		
표		(Month, Day, Year)	28ts, TIME (28d. DESCRIBE HOW	NJURY OCCURED	
Β¥	Mittural S Panding Accident Investigation	NIG		The second secon	ES 2 NO			
	3 Buicide & Could not be	28e. PLACE OF INJURY	- At home, farm, stre	et, factory, office		28f. LOCATION (Street	and Matheway Bree	The section is
E I	4 Mondolde determined	building, stc. (Specif	hi	Date in the later of		City or Yours, States	and represent or repre	Ploute Mumble.
<u>ار با</u>	An Appring							
4	(Check only 1 CERTIFYING PHYSIC	CIAN: To the best of my knowle	dge, death occurred	at the time, date	and place, and due	to the cause(a) and ma	nner sa stated.	
COMPLETED	one) 2 MEDICAL EXAMINE	R: On the basis of examination	and/or investigation,	In my opinion, de	ath occured at the	time, data and place, ar	nd due to the cause	(a) and manner as stated
	296. SIGNATURE AND TILE OF CENTIFIER							
BE	Ver or of the	(Wireld.	a oh		29c. LICENSE NUN			D (Month, Day, Year)
2	V 19	Valor	,		Daola	7	10	77
- 1	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (7)00, PI	rint)	90.	- 10 -	1	,
	A.A. CHAC	1610 (Carroll 1	中国外科	370 7	Takoon F	KIN	\$ 20912
		32. HEGISTRAT'S SIGNA					~	2 - 118
	FEB 12 1992	grine vairaso	- Mailware					
- 16		1 1/						



	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF H	EALTH AND M	ENTAL HYGIE	NE	2 00102	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH	
	PAUL	CONRAD	STEARN	, Sr.		MONTH February		992 3:30 a M	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (1	In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	1	BIRTHPLACE (State or Foreign Country)	
	9a. FACILITY NAME (If not institution, give str	1113.				uly 5, 19		Pennsylvania	
æ	Doctors Communit				OR LOCATION OF DEA	TH		Y OF DEATH	
CTO	RESIDENCE OF DECEDENT	y nospital		Lanha			Prin	ce George's	
_	Maryland Princ	ce George's New Carrolton						10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	100. STREET AND NUMBER 8402 Legation Road	Road			101. ZIP CODE 20784			109. CITIZEN OF WHAT COUNTRY? U.S.A.	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed &XX Divorced	12. WAS DECEDENT EVER IN FORCES? 1 ☑ YES IF YES, GIVE WAR OR DA	2 NO		ENDENT OF HISPANIC ecity Cuben, Mexican, 2 TVNO Specify:		es or No 1	4. RACE — American Indian, Black, White, etc. Specify: White	
	15. DECEDENT'S EDUC	Korean C	16a. DECEDENT'S L	JSUAL OCCUPATION)N	16b. KIND OF B	USINESS/INDU	STRY	
COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of we life. Do NOT use Engi:	*	st of working	Walter Medical	Reed A	rmy	
MC	17. FATHER'S NAME (First, Middle, Last)	7	ппет	IICCI	18 MOTHER'S NAM	E (First, Middle, Maide			
BE C	John T. Stearn				Franc		ii Surienie)		
10	Paul C. Stearn, J.	r.			Place, L				
	20a. METHOD OF DISPOSITION 1		PLACE AND DATE OF			1		ty or Town, State	
	21. SIGNATURE OF FUNERUL SERVICE LICE				D ADDRESS OF FACI	1			
	MAR O	/aeru		9013	Annapolis	Road, Lan	nham, Ma	aryland 20706	
	23. PART I. Enter the disease, or consider the constant of the	mplications that caused let only one cause on as	ich ilne.	net enter the mo	de of dying, such	aa cardiac or rea	piratory arrea	it, Approximata interval Between Onaat and Daath	
z	DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, b								
CATIC	DUE TO (OR AS A CONSEQUENCE OF): than, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury								
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF)	:					
	PART il. Other algnificant conditions	contributing to deeth by	ut not resulting in	the underlying	cause given in P	ert i 24- MBC A	N AUTOPSY	24b. WERE AUTOPSY FINDINGS	
PHYSICIAN: MEDICAL							PRMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL								
SICI	EXAMINER?	HOSPITAL:		OTHER:	ACE OF OEATH (Chec				
/ PHY	27. MANNEB OF DEATH 1 Natural 5 Pending	26e. DATE OF INJURY (Month, Day, Year)	26b. TIME	OF 28c. INJ	RK?	26d. DESCRIBE HOW	INJURY OCCU	RED	
red BY	2 Accident Investigation 3 Suicide 6 Could not be determined	26e. PLACE OF INJURY building, etc. (Speci	— At home, ferm, at			261. LOCATION (Street City or Town, State		Rural Route Number,	
COMPLET		AN: To the best of my knowle							
	2 MEDICAL EXAMINER	On the basis of examination	and/or investigation	, in my opinion, de				cause(a) end manner se stated.	
TO BE	MIL	5 has			D3226)	≥ Z -	BIGNED (Month, Day, Year)	
	RICHAMS J-	FELDMAN	ATH (ITEM 27) (Type, I	7500 A	MAPOL	15 /2	, LA.	12-92 han mo	
	31. DATE FILE FEB 1 4 1992	32. REGISTBAR'S SIGNA	doon-Rande	82_					



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BALTIMORE, MARYLAND 21215-0020	24 hours after death. Proportion may be unlarged by the hospital or attending physicia	y filled in by the funeral distributions was 5 and to be detached for use as the burial-trition, or removal.	the medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Play or may require the hospital or attending physicial	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the face within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be motified at once.	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENT	AL HYGIENE
CERTIFICATE OF DEATH	REG NO

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTAL HYGIEN	E	00103
	1. DECEDENT'S NAME (First, Middle, Last) MYERS WEBSTER	SHANNON				2. DATE OF DEATH OF FEBRUARY	"9,1992"	3. TIME OF DEATH 1:55pm M
	4. SOCIAL SECURITY NUMBER 121-16-4298	13∑3M 2 □ F	66 YRS.	F UNDER 1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	a. sum PEN	HPLACE (State or Foreign NSYLVANIA
TOR	98. FACILITY NAME (If not institution, give str DOCTORS COMMUNITY RESIDENCE OF DECEDENT		Î	ANHAM-	SEABROOK	ATH	PRINCE	GEORGE'S CO
DIRECTOR	MARYT, AND PRINCE	GFORGE'S	133	10c. CITY, TOWN OR LOCATION CAPITOL HTS				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	4918 EMO ST.			101	20743		109. CITIZEN OF USA	WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed CXDivorced	12. WAS DECEDENT EVER I FORCES? 1 YES	2 NO	ti yes, sp	ENDENT OF HISPAN polity Cuban, Mexican 2 NO Specify	IC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	Bla	CE — American Indian, ck, White, etc. city:
COMPLETED	15. DECEDENT'S EDUC/ (Specify only highest grade of Elementary/Secondary (0-12)		16a. DECEDENT'S US GAME kind of won life. Do NOT use n PHOTOGRA	k done during mo etired.)	on st of working	166. KIND OF BUS		
BE CON	17. FATHER'S NAME (First, Middle, Last) DAVID SHANNON					ME (First, Middle, Meiden BENNETT	Sumame)	
2	19e. INFORMANT'S NAME (Type/Print) JULIA A SHANNON		143 F	ISHER A	VE, WHIT	E PLAINS,	NEW YOR	
	20a METHOD OF DISPOSITION FE Burial 2 Cremation 3 Remov 4 Donation 6 Other (Specify) 21. SIONATURE OF FUNERAL SERVICE LICE	NSEF R	D. PLACE AND DATE OF I	etery		1		NS, NEW YORK
	Kimeerly	Bris		7474	LANDOVE	R RD, LANI	OVER MD	
	23. PART I. Enter the disease, or co ahock, or heart feliure. Li IMMEDIATE CAUSE (Final disease or opndition resulting in deeth)	Metasta	Ti'c go			as cardiac or respi		Approximate interval Between Onset and Death
CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING b. ASPITATION PROLUMONIC DUE TO (OR AS A CONSEQUENCE OF): TO A SPITATION PROLUMONIC DUE TO (OR AS A CONSEQUENCE OF):							
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):					
PHYSICIAN: MEDICAL	PART II. Other algnificent conditiona	contributing to death b	out not resulting in t	the underlying	cause given in I	Part I. 24a. WAS AN PERFOR	MED?	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIAN		HOSPITAL:		THER:	ACE OF DEATH (Che			
ву рнуѕ	27. MANNER OF DEATH 1 Neturel 5 Pending	1 Inpatient 2 ER/Outs 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	Y 28c. INJ		B Other (Specify) 28d. DESCRIBE HOW IN	JURY OCCURED	
3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)						Route Number,		
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI MEDICAL EXAMINER:	AN: To the best of my know On the besis of exemination						(a) and manner as atated.
O BE	29b. SIGNATURE AND TITLE OF CERTIFIER	7- fha	far		29c. LICENSE NUM D-17		≥ 2 / C	9/99
	30. NAME AND ADDRESS OF PERSŐN WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Pri	int)				
	31. DATE FINED (Month, Dey, Year) FEB 12 1992	32. REGISTRAR'S SIGN	son-Randale					

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should be detached for use as the burial-transit permit. Pages 1, 2, 3 should notified at

BALTIMORE, MARYLAND 21215-0020

to be yetained by the hospital or attending physician. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Pro THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral doe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Nem 23 shows any Injury, or other traumatic event, the medical examiser.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

							92	06184
	1 - FOR STATE REGISTRAR	STATE OF MARYLAND /	DEPARTM	ENT OF H	EALTH AND	MENTAL HYGIEN	E	
	1. DECEDENT'S NAME (First, Middle, Last)	ALEXAN		SHA		2. DATE OF DEATH DO NOTH DO NOTH		
	4. SOCIAL SECURITY NUMBER 087-03-0620	5. SEX 6. AGE (In yrs. last		INDER 1 YEAR	IF UNDER 24 HRS, HOURS MIN,	7. DATE OF BIRTH (Morth, Day, Year) Nov. 24,1	0. E	HRTHPLACE (State or Foreign Journty)
TOR	9a. FACILITY NAME (If not institution, give a			01	NOTON	EATH	9c. COUNTY	7
DIRECTOR	10a. STATE 10b. COUNTY	e Georges		www or Locati				10d. INSIDE CITY LIMITS? 1 YES 2 2 NO
FUNERAL	4003 28th Ave.			10t.	20748			of what country?
ВУ	11. MARITAL STATUS 1 Never Married 2 AMerried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARI FORCES? 1 ☑ YES 2 ☐ N IF YES, GIVE WAR OR DATES 1943 — 1945						
COMPLETED	15. DECEOENT'S EDU- (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	CEDENT'S USUJ Ve kind of work of Do NOT use reti CISTICI	done during mos ired.)	N It of working	U.S. G		
BE CO	David Shapiro Augusta (unot						ainable	,
5	190. INFORMANT'S NAME (Type/Print) Tillie Shapiro					Route Number City or Tow Heights, M		,
	26s. METHOD OF DISPOSITION 1 🖫 Buriel 2 🗆 Cremetion 3 🗆 Rem 4 🗆 Donation 5 🗀 Other (Specify)	cemetary, crer	matory or other pi	lace)		OATE 20c. LO 1 Pk. 2/21/9	cation - city	
-	ELECHATURE OF FUNERAL SERVICE LIN	Resport			E. Wil			itland Rd.
	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Puly W 7	~ ·	nter the mod	le of dylng, auc	ch as cardiac or respi	ratory arrest,	Approximate interval Between Onset and Death
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	If any, leading to immediate						
CERTIFIC	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQ	NUENCE OF):					
MEDICAL	PERFORMED? AMAILABLE PRIOR TO						COMPLETION OF CAUSE OF DEATH?	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТ	26. PL/ HER:	ACE OF OEATH (Ch	neck only one)		
	1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	1 Inpatient 2 ER/Outpatient 3 26a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJU WOF	IRY AT	6 Other (Specify) 26d. OESCRIBE HOW II	NJURY OCCURE	D
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF INJURY — At her building, atc. (Specify)	me, term, street,		- 3 110	261. LOCATION (Street a City or Town, State)	and Number or Ri	ural Route Number,
COMPLETED		CIAN: To the best of my knowledge, dea R: On the besis of examination and/or is						use(s) end manner as atated,
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	MATOLK	'C. I.	00 1	29c. LICENSE NUI	MBER	29d. DATE SIG	NED (Month, Day, Year)

DUE TO (OR AS A CONSEQUENCE OF):	
Urman Cobsis	
DUE TO (OR AS A CONSEQUENCE OF):	
)	
DUE TO (OR AS A CONSEQUENCE OF):	

2

29b. SIGNATURE AND TITLE OF CERTIFIER KOUL M.D Mom

29d. DATE SIGNED (Month, Day, Year) 0

20748

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

| OTI | COLL | 37/0 | RIVERIA
| ST. DATE FILEO (Month, Day, Year)

| EB 20 1992 | Suma Jamason Randelle

31. DATE FILEO (Month, Day, Year) FEB

MO

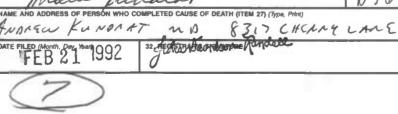
1. M. E

must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2ours after death. Pr	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in white the State Dept. of Health and Mental Hydiene prior to burial, cremation, or remove	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner
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	FOR 1 - STATE REGISTRAR	TATE OF MARYLAND /		MENT OF H		D MENTA	L HYGIENE			
	1. DECEDENT'S NAME (First, Middle, Last)						OF DEATH		3. TIME OF DEAT	IN
	ELIZABETH P. SANDERS					02				Δм
	4. SOCIAL SECURITY NUMBER 5. S		birthday)	IF UNDER 1 YEAR	IF UNDER 24 HR	s. 7 DATE	OF BIRTH	8. Bi	RTHPLACE (State or Fo	
	579-03-8034	M 2√√F 83	83 YRS. MONTHS DAYS HOURS MIN.				(h, Day, Year)		W JERSEY	
	073 00 0001	073 00 0001			R LOCATION OF		7 007 00	9c. COUNTY C		
NO RO	9420 MADISON AVEN			LAUREL				HOWAR		
5	RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY			TOWN OR LOCAT	2101				10d. INSIDE CITY	,
DIRECTOR	MARYLAND HOWARD			REL	ION				LIMITS?	
	10e. STREET AND NUMBER			101	. ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?	
8	9420 MADISON AVENUE				20723	3		1	ISA	
FUNERAL	11, MARITAL STATUS 12.	WAS DECEDENT EVER IN U.S. ARM			ENDENT OF NIS	SPANIC ORIGI		or No.— 14. F	ACE — American Indi	en,
	1 Never Married 2 Merried	FORCES? 1 YES 2XXNI IF YES, GIVE WAR OR DATES	10		ecity Cuban, Me 2 X XNO Sp		Rican, atc.)		Black, White, etc. Specify:	
B	3 X Widowed 4 Divorced				X -X				WHITE	
8	15. DECEDENT'S EDUCATIO (Specify only highest grade comp	N 16a. DEC	CEDENT'S L	USUAL OCCUPATION done during me	ON set of working	16	b. KIND OF BUS	INESS/INDUSTR		
<u>u</u>	Elementery/Secondary (0-12) Co	flege (1-4 or 5+)	Do NOT use	retired.)	of G. Worning					
P	12	0 BRX	OPER	ATOR			WASHIN	GTON HO	SPITAL CE	NTER
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						Middle, Maiden			
BEC	CHARLES L. MARTIN				BLANC	CHE D.	ROLLA	ND		
	19a. INFORMANT'S NAME (Type/Print)			ADDRESS (Street				n, State, Zip Code))	
5	DOROTHY PARNELL	94	120 M	ADISON	AVENUE,	, LAUR	EL, MD	20723		
	20s METHOD OF DISPOSITION 1 Notice 2 Cremetion 3 Removal to	20b. PLACE (OF DISPOS	ITION (Name of ce	metery, cremetory	or	20c. LO	CATION — City	or Town, State	
	4 Donation 5 Other (Specify)	FORT L	LINCO	LN CEME	TERY		BRE	NTWOOD,	MARYLAND)
1	21. SIGNATURE OF FUNERAL SERVICE LICENSE			22. NAME A	FUNERA		E. INC			
	(dall)	Welley			SANDY S				MD 207	07
	23. PART LEnter the disesses, or company shock, or heart failure.	Micationa that caused the de-	ath. Do n	ot enter the me	ode of dying,	such as cs	rdiac or respi	ratory arrest,	Approxim	
	IMMEDIATE CAUSE (Final	_ \	7						Onset an	
	disease or condition resulting in death)	Cheone	Bu	moleche	•					
	resulting in death)	DUE TO (OR AS A CONSEC				_				
z										
CERTIFICATION	Sequentially list conditions, if smy, leading to immediate									
S	cause. Enter UNDERLYING CAUSE (Disesse or Injury									
E	that initiated events	DUE TO (OR AS A CONSEC	DUENCE OF	7):						
E	resulting in death) LAST									
	PART II. Other significent conditions co	ontributing to death but not r	maulting I	In the underlyin	a ceuse alvei	n in Pert I	24a, WAS AN	AUTOPSY	24b. WERE AUTOPSY	FINDINGS
SAL	TANT II. Other argumount demanders of	minibating to about but not to	counting t	iii uio uiidaityii	ig couse give		PERFOR		AMAILABLE PRIOR	OT F
EDIC							1 TYES 2	□ NO	OF DEATH?	
\mathbf{z}									1 TES 2	NO
PHYSICIAN:	ļ									
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:	1	26. F	LACE OF DEATH	N (Check only	one)			
S		Inpetient 2 ER/Outpetient 3	□ DOA	4 - Nursing No	me 5- Reside	nce 6 🗆 Ot	her (Specify)			
H	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	URY W	JURY AT ORK?		ESCRIBE NOW	NJURY OCCUR	ED	
BY	1 Metural 5 Pending 2 Accident Investigation			M 1 🗌	YES 2 NO	0				
ED	3 Suicide 8 Could not be	28e. PLACE OF INJURY — At ho building, etc. (Specify)	ome, farm, s	street, factory, offi	CO	28f. LC	OCATION (Street ty or Town, State)	end Number or F	tural Route Number,	
4 Homicide determined										
PLE	29a. CERTIFIER 1 CERTIFYING PHYSICIAN	: To the best of my knowledge, de	eath occum	ed at the time, det	e end place, end	d due to the	cause(s) and ma	nner as stated.		
COMPLET	000	in the basis of examination and/or i	Investigatio	on, in my opinion,	death occured a	at the time, d	ate end place, a	nd dus to the co	use(a) end manner as	stated.
	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE	E NUMBER		29d. DATE SE	GNED (Month, Day, Year	r)
B	Mileu Vis	eleat				7/6	,	1 2/0	20/92	
2	30, NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEATH (ITE	M 27) (7/De	. Print)	N	/		/	1	



1992

out be drawfied for use as the burial-transit permit. Pages 1, 2, 3 should

ad by the hospital or attending physician.

BALTIMORE, MARYEAND 21215-0020

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notify TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Place is may be not THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director page 5 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIEN		00100
	1. DECEDENT'S NAME (First, Middle, Lest) Stearns, Otis	Otis P. S	tearns,	Jr.		2. DATE OF DEATH MONTH 02	~ 04 952°	3. TIME OF DEATH 4:05 a.m.
2001100	4. SOCIAL SECURITY NUMBER 578-46-2604	5. SEX 6. AGE (1	75 6 YRS. MONTHS DAYS HOURS AND MIN			7. DATE OF BIRTH (Month, Day, Year)	35 Was	HPLACE (State or Foreign
TOR	9a. FACILITY NAME (If not institution, give at Greater Laurel Be RESIDENCE OF DECEDENT	eltsville Hospital Laurel				ATH	Prince (
DIRECTOR		e George Laurel						10d. INSIDE CITY LIMITS? 1 YES 2 XX0
FUNERAL	100. STREET AND NUMBER 14100 Dub Drive	1			1. ZIP CODE 10g. CITIZEN OF V			
BY	11. MARITAL STATUS 1 Never Married XX Married 3 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 X XYES IF YES, GIVE WAR ON DAY 9/12/54-9/	2 NO	If yes, spe	ENDENT OF HISPANIcity Cuban, Maxican. \$(TX NO Specify:		s or No— 14, RAC Blac Spec	E - American Indian, k, White, etc. //y: White
COMPLETED	15. DECEDENT'S EDUK (Specify only highest grade Elementary/Secondary (0-12)	DUCATION 16a DECEDENT'S USUAL OCCUPATION					SINESS/INDUSTRY	
OME	17. FATHER'S NAME (First, Middle, Last)	2	Propert	v Manage	18. MOTHER'S NAM	Kobert E (First, Middle, Meiden	Bass Grou	1b
BE	Otis P. Stearns,	Sr.	Tona and the same of the same		Dorothy			
2	Heida A. Stearns					oute Number, City or Tow MD 2070		
	20a. METHOD OF DISPOSITION 1A Buriel 2 Cremation 3 Remo	ovel from State	PLACE AND DATE O			DATE 20c. LO	CATION - City or To	
	21. SIGNATURE OF FUNERAL BERVICE LIC	The state of the s				Trg Rd.		
	1 Colall	Sullager	/			Home, INC		
	23. PART I. Enter the diseases, or carlock, or heart failure. I	List only one gause of a	ich ilite.					Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A DUE TO (OR AS A	CONSEQUENCE OF	of h	Renay n contr	(sead l Disco	Diabel	Es Yrs
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Superior of the significant conditions contributing to death but not resulting in the underlying cause given in Part I. Performed? 1 XYES 2 NO NOTICE SOLUTION OF CAUSE OR DERED 1 YES 2 PRO 1 YES 2 PRO							
PHYSIC!	25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1 SYES NO 27. MANNER OF DEATH 1 Netural 5 Pending	HOSPITAL: Inpatient 2 ER/Output 26a, DATE OF INJURY (Month, Day, Year)	stlent 3 DOA	OTHER: 4 Nursing Home OF 28c. INJI	HC?		NJURY OCCURED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	26s. PLACE OF INJURY building, etc. (Speci	At home, farm, s		ES 2 NO	281. LOCATION (Street a City or Town, State)	and Number or Rural I	Route Number,
COMPLETED		CIAN: To the best of my knowless: On the bests of examination						s) and manner as stated.
TO BE (296. SIGNATURE AND TITLE OF CERTIFIER Pr 30. NAME AND ADDRESS OF PERSON WHO	n S Sa	2		D28	998	29d. DATE SIGNED ▶ 2 -	(Month, Day, Year) 4 9 2
	PRITAM 5	SAIMI	ul	WREL	mD	20	708	"
	31. DATE FILES (MOSE), 20. Tor) 1992	32. PEGISTENASTORIAL	June-Manage	•	41-1			

(24) IVA

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92-06187 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLANI	D / DEPARTMI			MENTAL HYGIEN		0010 1
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		S. TIME OF TEATH
	ARTHUR	H.	SCHAR'	TNER		_	20. 199	EAR 2:04 PM
- 1	4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE (In yrs	s. last birthday) IF U	NOER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	0.	BIRTHPLACE (State or Foreign
ļ	162-03-7100 1 98. FACILITY NAME (If not institution, give street	M 2 F 76	YRS. MONT		HOURS MIN.	May 2, 1		ashington, DC
e B	4101 21st Avenue	· ·			est Hei			nce George's
ן ה	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY			WN OR LOCATI	CHILDRY AND A			
DIRECTOR	Maryland Prince	George's			leights			10d. INSIDE CITY LIMITS? 1 TYES 2 X NO
₹ I	10e. STREET AND NUMBER			101.	ZIP CODE		10g. CITIZE	OF WHAT COUNTRY?
ÿ	4101 21st Avenue				2074	48	1	USA
BY FUNERAL	11. MARITAL STATUS 12 1 Never Married 2 X Merried 3 Widowed 4 Divorced	P. WAS DECEDENT EVER IN U.S FORCES? 1 X YES 2 IF YES, GIVE WAR OR DATES	□ NO	If yes, spe-		NIC ORIGIN? (Specify Years, Puerto Rican, etc.) y:	s or No— 14	RACE — American Indian, Black, White, etc. Specify;
		1			21.			Specify: White
ETE	15. DECEDENT'S EDUCATI (Specify only highest grade con Elementary/Secondary (0-12)	10N npleted) College (1-4 or 5 +)	(Give kind of work of life. Do NOT use retir	lone during mos	N t of working	16b. KIND OF BU	ISINESS/INDUS	TRY
립		4 vrs.	Directo	r		Agricu	Itura	Department
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		-11000		18. MOTHER'S NA	AME (First, Middle, Malder		venat tillettt.
BE	August Scha	rtner				usta Kleim		
2	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tox		,
	Dorothy E. Schartne						ights.	Md. 20748
	1 Donation 5 Other (Specify)	from State 206. PLA	CEAND DATE OF DIS Commetory or other pictures of the color of the col	POSITION (Nan				od, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIGHNS		LILICOLII	22. NAME AND	ADDRESS OF FA	CILITY		
	· Nobest P. Kall	2		Geor 6160	ge P. Ka Oxon H	alas Funer ill Rd. Ox	al Home on Hil	e 1, Md. 20745
	23. PART I. Enter the diseases, or com shock, or heart fallure. List	plications that caused the	deeth. Do not e	nter tha mod	le of dying, auc	h ea cardiec or resp	iratory arreat	
	IMMEDIATE CAUSE (Final				^ ~	_		Interval Between Onset and Death
	disease or condition RESPIRATORY ARREST							
	CARCINOMA 9 LUNG							
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A COM		7	2011			
₹	CAUSE (Disease or Injury							
E	that initiated events resulting in death) LAST	DUE TO (OR AS A COM	NSEQUENCE OF):					
띩	d							
¥	PART ii. Other aignificant conditions conditions					Part i. 24a. WAS AI		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDIC		ROVASCUL			DENT	1 YES		COMPLETION OF CAUSE DF DEATH?
	CARCIN	onA of	STOMAC	H				1 _ YES 2 _ NO
ŽΙ	25. WAS CASE REFERRED TO MEDICAL							
ᅙ	EXAMINER?	OSPITAL:		HER:	ICE OF DEATH (Ch			
¥	27. MANNER OF DEATH	☐ Inpatient 2 ☐ ER/Outpatien 28e. DATE OF INJURY	26b. TIME OF	Nursing Home 28c. INJU		6 Other (Specify) 28d. DESCRIBE HOW	IN ITTRY OCCUR	ED
BY PHYSICIAN:	1 Netural 5 Pending	(Month, Day, Year)	INJURY	WOR	ES 2 NO	Zed. DESCRIBE NOW	INJUNT OCCUM	EU
	3 Suicide 6 Could not be	28e. PLACE OF INJURY — A building, etc. (Specify)	At home, farm, atreet,	factory, office		281. LOCATION (Street		Rural Route Number,
COMPLETED	4 Homicide detarmined	banding, etc. (apochy)				City or Town, State)	
2		N: To the best of my knowledge	, death occurred at	the time, data a	and place, and due	to the cause(s) and ma	riner sa stated.	
훘။	one) 2 MEDICAL EXAMINER: 0	On the basis of examination and	d/or investigation, in	my opinion, de	ath occured at the	time, data and place, a	nd due to the c	suse(s) and manner as stated.
BE	29b, SIGNATURE AND TITLE OF CERTIFIER	Analan			29c. LICENSE NUI	MBER	29d, DATE SI	GNED (Month, Day, Year)
0	/ 13	Truck					2-	-21-92
	30. NAME AND ADDRESS OF PERSON WHO CO				11.00	01.	W1 00	705
	Gurbux H. Nachnani	11. D. 89	Zb Woody	ard Kd	. #6UI	Clinton,	Md. 207	/35
1	31. DATE FILE B. 27 1 1992	32. REGISTRARIE SIGNATUR	-Handall					

DHMH-18 Rev 1/89

LAND 21215-0020

BALTIMORE, MARY

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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Į.	em 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notifi
ours after death with the State Dept. of Health and Mental Hyglene prior to burnal, cremation, or removal.	medical
ation.	the
, crem	event,
o buria	natic
onor t	trau
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Vental	ury, o
and s	y in
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Since	E E

	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPAR	RTMENT OF I	HEALTH AND	MENT				. 00
17	1. DECEOENT'S NAME (First, Middle, Last))	04	TOATE OF	DEATH		REG. NO		3.	. TIME OF DEATN
0	Eugene N.	Shannon					NTH D	1992	EAR .	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DAT	E OF BIRTH	8.	BIRTHPL	7:15 :P" ACE (State or Foreign
	220-02-8997	1 XM 2 F	31 YRS.	MONTHS DAYS	HOURS MIN.		rith, Day, Year)		Country)	oria
~	9e. FACILITY NAME (If not institution, give			9b. CITY, TOWN	OR LOCATION OF		LCII GO	9c. COUNTY		
OF	Montgomer	y General Ho	spital	Olne	y, Mary	Tand		Mont	~ ome	****
EC	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT			Y, TOWN OR LOCA				Tions		
DIRECTOR		ntgomery		Silver						d. INSIDE CITY LIMITS?
AL	10e. STREET AND NUMBER				of, ZIP CODE			100 CITIZEI	- 4	YES 2 NO
FUNERAL	1128 Good Hope	Road		1.17		2007				
5	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S.ARMED	13. WAS DE	CENDENT OF NISP	904 PANIC ORIG	SIN? (Specify Yar	or No 14	U.S.	A . American Indian,
BY F	1 Never Married 2 Married 3 Widowed 4 X Divorced	FORCES? 1 YES		If yes, sp	S 2 NO Spec	ican, Puarl	o Rican, etc.)		Black, W Specify:	Vhite, efc.
	Established and the second	<u> </u>							оргос., у	Black
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	de completed)	18a. DECEDENT'S (Give kind of the Do MOT to	WORL OCCUPATE work done during me se retired.)	ON ost of working	10	6b. KIND OF BUS	SINESS/INDUS	TRY	
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+) 2 Yrs.		al Assis		ſ	Priva	te Ind	ustr	v
MO	17. FATNER'S NAME (First, Middle, Lest)	2 1201	1100100	12 110020						,
	John Shannon				Agnes		t, Middle, Maiden	Sumame)		
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	AODRESS (Street				e State Zio Co	ada 1	
임	Agnes Gibson-Do	e	1128	Good He	ope Rd.	Sil	ver Sp	ring,	MD.	20904
	20a. METHOD OF DISPOSITION 1X Burial 2 Cremation 3 Ram	2	0b. PLACEAND DATE		ame of	0/	TE 20c, LO	CATION City	or Town,	State
	4 Donation 5 Other (Specify)		emetary, crematory or or George Wa		n Cemete	29 my 29				
	21. SIGNATURE OF FUNERAL SERVICE LI	ICENSEE /		22. NAME A	ND ADORESS OF					s, Inc.
	Stoell b	Marke		716	Kennedy				C 20	
	23. PART /. Enter the diseases, or	complications that caus	ed the death. Do r							Approximata
	ehock, or heart feilure. IMMEDIATE CAUSE (Final	. Liet only one ceuse on	each line.				raise or resp.	ratory arrest		Interval Between
		Quino A.	1000110	a Maci	c	٥.	n 1.m.			Onset and Death
	resulting in death,	. A Cquired DUE TO COR AS	A CONSEQUENCE OF	F):	senay	20	Marur	N.L.		6 WKS
×	Sequentially list conditions,	b								<u> </u>
Ħ	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE OF	F):						
은	CAUSE (Disease or injury	C	A CONSEQUENCE OF							
CERTIFICATION	that initiated events resulting in death) LAST	out to four no	A CONSCOUENCE OF	7):						
		d								
CAL	PART II. Other aignificant condition		but not reculting i	n the underlying	g cause given i	n Part I.	24a. WAS AN			RE AUTOPSY FINDINGS
음	broin ah	scesses					1 TYES 2		co	MPLETION OF CAUSE DEATH?
Z										YES 2 NO
PHYSICIAN: MEDI										
o l	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	T	26. PL	ACE OF DEATH (C	heck only o	one)			
14S	1 YES 2 NO 27. MANNER OF DEATN	Inpatient 2 - ER/Out		4 Nursing Nom		-				
	Natural 5 Pending	(Month, Day, Year)		URY WO	PRK?	28d. 08	ESCRIBE HOW IN	JURY OCCUR	ED	
B	2 Accident Investigation	28a. PLACE OF INJUR	V At home form s		YES 2 NO	130110				
	4 Nomicide 8 Could not be determined	building, atc. (Spe	ecity)	Areat, factory, onto	b	28f. LU C/h	CATION (Street a y or Town, State)	nd Number or F	lural Route	Number,
COMPLETED	29a, CERTIFIER CERTIFYING PAYOR									
ž	(Check only one) 2 MEDICAL EXAMINE	ER: On the beat of my known	wiedge, death occurre	d at the time, data	and place, and du	n to the co	Nuse(a) and man	ner as stated.		Orași de la compania de la compania de la compania de la compania de la compania de la compania de la compania
	29b. SIONATURE AND TITLE OF CERTIFIE		- Industrial and a second	ii, iii my opinion, o			a and place, and			
H	Marin IM Ha	· ~			29c. LICENSE NU	IMBER		29d. DATE SIG	ICI A	nth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WN	IO COMPLETED CAUSE OF D	EATN (ITEM 27) (Type	Print)	10231	14		2	18-0	12
	Dennis M. Han	non, MD 1	8111 Princ	e Phi li	p Por	, 0	non	m2 2	0832	
	FEB 21 199	32. REGISTRAN'S SURF	Hature Panda	ell.						



3. TIME OF DEATH

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

21617

Approximate Interval Between

Onset and Death in

AM

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

1 -

	Mary Emma	SISCO			No.				Febr	uary 2	4,19	92	9:00
	4. SOCIAL SECURITY NUMBER 218 - 34 - 9401	5. SEX 1	6. AGE (In yrs. Is	yrs.	IF UNDE	DAYS	IF UNDE	MIN.	(Month	OF BIRTH , Day, Year) 25,19	901	Count	HPLACE (State or Foreign try) Cyland
OH	99. FACILITY NAME (If not institution, give Meridian Nursing Corsica Hills RESIDENCE OF DECEDENT						Ville		EATH			en A	Nnne's
DIRECTOR	10a. STATE 10b. COUN			1000	ntre								10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	100. STREET AND NUMBER 101 Jones Street					10	2161						what country? States
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 X Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE W	YES 2 X			If yes, sp		n, Mexico	en, Puerto I	17 (Specify Yea Rican, etc.)	or No—	Spec	E — American Indian, ik, White, atc. illy: Lack
COMPLEIED	15. DECEDENT'S EG (Specify only highest grav Elementary/Secondary (0-12)		- S	ECEDENT'S Give kind of te. Do NOT u	work done	during me	ON pat of world	ing	16b	KIND OF BUS	ome	DUSTRY	
. 1	17. FATHER'S NAME (First, Middle, Last) Jesse —	Smallwo	od					ma J		Middle, Maiden (unk	Sumame) NOWN)	
20	190. INFORMANT'S NAME (Type/Print) Nelson P. Sisco	Son								ille,			21617
	20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Re 4 Donation 5 Other (Specify)	moval from State		e and dat y, cremator terfi					2/2	. 1			own, State , Maryland
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielty list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	b	(OR AS A CONS	EQUENCE O	OF):	U	8						Onset and E
EHIIF	thet initieted events resulting in deeth) LAST	d.	(OR AS A CONS	EOUENCE C)F):								
MEDICAL C	PART II. Other algolficant conditi	ons contributing to	death but not	reaulting	In the u	nderlylr	g cause	given ir	Part I.	24a. WAS AN PERFOR	RMED?	24	b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient	3 DOA	OTHE 41 No	R:			heck only o	or control			
ВУ РНУ	27. MANNER OF DEATH Natural 5 Pending Accident Investigation	28s. DATE OF (Month, De		28b. T#	ME OF JURY M	W	JURY AT ORK? YES 2	□ NO	28d. DE	SCRIBE HOW	INJURY O	CURED	
ETED	3 Suicide 6 Could not b	28e. PLACE Of building,	F INJURY — At I etc. (Specify)	home, farm,	street, fa	ctory, offi	ce		26f. LOC City	ATION (Street or Town, State	end Numbe)	or Rura	Route Number,
COMPLE	one)	SICIAN: To the best of NER: On the basic of ex											(s) and manner se stat
BE CC	29b. SIGNATURE AND TITLE OF CERTS	P Ani	Q,	1			- 0	CENSE NO	-		29d. DA	TE SIGNE	D (Morth, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (USEM 27) (Type, Print)

Centreville, Maryland

32. REGISTRATUS SIGNATURE JUNE DEWICKSON-Mandale

John R. Smith, Jr., M.D.,

31. DATE FILED (MONTED 20)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

2. DATE OF DEATH __ MONTH

1 - STATE REGISTRAR				CLAIII	10711		DEATH		REG. NO	. / _		06/90
1. DECEDENT'S NAME (First ADLAI	st, Middle, Last)	STEVEN	SON		SHO	RES		2. DATE (AY 9	YEAR	3. TIME OF OEATH
4. SOCIAL SECURITY NUM 214-34-80		5. SEX 1XXM 2 F	8. AGE (in y)	rs. lest birthday) YRS.	IF UNDI	ER 1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.		DE BIRTH 10-04		B. BIRTT	NPLACE (State or Foreign IV)
9a. FACILITY NAME (If not	institution, give s	freet and number)			9b. CIT	ry, town o	R LOCATION OF D	EATN		9c. COL	JNTY OF C	DEATH
SALISBURY N	CEDENT				SALI	ISBUR	Y, MD.			WIC	OMIC	0
MD.	WICC	MICO			TY, TOWN	OR LOCAT	TON					10d. INSIDE CITY LIMITS? 1 YES 2 XNX
KEENE RD		132		······································		101	. ZIP CODE 21866				S.A.	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 2 3 Widowed 4 Div		12. WAS OECEDEN FORCES? 1 IF YES, GIVE V	YES 2	X X No	13	If yes, sp	ENDENT OF HISPA ecity Cuban, Maxico 2 NOX Specia	en, Puerto R	? (Specify Yes	a or No—	Blac	E — American Indian, k, White, etc.
(Specify or Elementary/Secondary (CATION completed) College (1-4 or 5 -	+)	a. DECEDENT'S (Give kind of life. Do NOT u	work done ise retired.	e during mo)	DN st of working	16b.	KIND OF BU	SINESS/IN	DUSTRY	
4th grade			N	NIGHT V	VATCI	HMAN			CONS			
17. FATHER'S NAME (First, III) WILLIAM S							MARGA	RET T	YLER	Surname) SHORE	ES	
BARBARA	SIMPSON	LIMMER		196. MAILING			nd Number or Rural					20866 LLLE MD.
20a. METNOD OF DISPOSIT	TION	ound from Chata		ACE AND DATE			me of	OATE	20c. LO	CATION —	City or To	own, State
4 Donation 5 Dothe		DVIII TOM STATE	cemeter	y, cremetory or o		a)		1				
	er (Specify)						DRY	1/20	SAL	ISBUI	RY. N	MD. 21801
21. SIGNATURE OF FURIER		ENSEE		LISBUR	Y CR	EMATO	D ADDRESS OF FA	1/20		ISBUI	RY, N	MD. 21801
23. PART I. Enter the cashock, or h	disesses, or cheert failure.	elour	SAI	LISBUR	Y CR	EMATO HOLL 501	OWAY FUN	VERAL	HOME SAI	ISBU	RY.	MD. 21801 Approximate interval Betw
23. FMT I. Enter the cahock, or in immediate CAUSE (Fi disease or condition resulting in death) Sequentially list condit from, leading to immediate to immediate the conditions of the conditions of the conditions of the candidate the candid	diseases, or cheert failure.	complications the List only one getuing the DUE TO	COR AS A CO	LISBUR	Y CR	EMATO E. NAME AN HOLL 501 or the mod	DADDRESS OF FA OWAY FUN SNOW HI de of dying, suc	VERAL	HOME SAI	ISBU	RY.	MD . 21801 Approximate interval Betw
23. FART I. Enter the cahock, or IMMEDIATE CAUSE (Fi disease or condition resulting in death) Sequentially list condition	diseases, or cheert failure.	complications that List only one gets B. Due To Due To	COR AS A COL	e deeth. Do	Y CR	EMATO E. NAME AN HOLL 501 or the mod	DADDRESS OF FA OWAY FUN SNOW HI de of dying, suc	VERAL	HOME SAI	ISBU	RY.	MD. 21801
23. PART I. Enter the canock, or it is shock, or it is shock, or it is shock, or it is shock, or it is shock, or it is shock, or it is shock, or it is shock, or it is shock, and is shock, and it is shock is shock in the shock is shock in the shock is shock in the shock is shock in the shock is shock in the shock is shock in the shock is shock in the shock in the shock is shock in the shock is shock in the shock in the shock is shock in the shock in the shock is shock in the shock i	diseases, or of heart failure. Inal Ititions, ediate find ury ST ant condition	DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO	COR AS A COI	e deeth. Do illine. Me // / INSEQUENCE O INSEQUENCE O INSEQUENCE O	Y CR 222 not ente	EMAT(D ADDRESS OF FA OWAY FUN SNOW HI de of dying, suc	Part I.	HOME O. SAI J. SAI	ISBU Iretory sr	RY,	MD . 21801 Approximate Interval Betwoonset and Definition of the Control of the
23. PART I. Enter the canock, or it is shock, or it is shock, or it is shock, or it is shock, or it is shock, or it is shock, or it is shock, or it is shock, or it is shock, or it is shock, and is s	diseases, or of heart failure. Inal Ititions, ediate find ury ST ant condition	DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO	COR AS A COI	e deeth. Do illine. Me // / INSEQUENCE O INSEQUENCE O INSEQUENCE O	Y CR 222 not ente	EMAT(D ADDRESS OF FA OWAY FUN SNOW HI de of dying, suc	Part I.	HOME O. SAI BECOFFEE OCCUPANT OC	ISBU Iretory sr	RY,	MD . 21801 Approximate Interval Betwoonset and Definition of the Control of the
23. PART I. Enter the canock, or it is shock, or it is shock, or it is shock, or it is shock, or it is shock, or it is shock, or it is shock, or it is shock, or it is shock, or it is shock, and is s	diseases, or of heart failure. Inal Itions, ediate ying ury ST Lant condition Regions	DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO	COR AS A COI	e deeth. Do illine. Me // / INSEQUENCE O INSEQUENCE O INSEQUENCE O	Y CR 222 not ente	EMAT(D ADDRESS OF FA OWAY FUN SNOW HI de of dying, suc	Part I.	HOME O. SAI J. SAI	ISBU Iretory sr	RY,	MD . 21801 Approximate interval Betwood Onset and De Ons
23. PART I. Enter the canock, or it is shock,	diseases, or of heart failure. Inal Itions, ediate ying ury ST Lant condition Regions	DUE TO	COR AS A COL	ISBURY Be deeth. Do in line. M. E. W. 7 INSEQUENCE OF STREET S	Y CR 222 not ente	EMAT(D ADDRESS OF FACE OF DEATH (Ch	Part I.	HOME O. SAI 1000 or respi	ISBU Iretory sr	RY,	MD . 21801 Approximate interval Betwood Onset and Description of Caus of Deaths?
23. PART I. Enter the cache, or in the shock, or in the shock, or in the shock, or in the shock, or in the shock, or in the shock, or in the shock, or in the shock, or in the shock of the shock, or in the shock of	diseases, or cheert failure. inal itions, ediate find ury ST cant condition VIA TO MEDICAL Pending	DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO	COR AS A COI CO	ISBURY IS deeth. Do in line. M E N 7 INSECUENCE OF STREET OF THE STRE	Y CR 222 not ente	EMAT(2. NAME AN HOLL 501 This moderlying 28. PL FR: Irsing Nome 28. INJ. WO	DADDRESS OF FACE OWAY FUN SNOW HI de of dying, suc	Part I.	HOME O. SAI 1000 or respi	AUTOPSY IMED?	RY, rest,	MD . 21801 Approximate interval Betwood Onset and De Ons
23. EART I. Enter the cache, or in the shock, or in the shock, or in the shock, or in the shock, or in the shock, or in the shock, or in the shock, or in the shock of the sho	diseases, or cheert failure. Inal Itions, ediate find fury line find fury line fury	DUE TO DUE TO	COR AS A COI CO	ISBURY IS deeth. Do in line. M E N 7 INSECUENCE OF STORY INSECUENCE	Y CR 22 not ente	EMAT(2. NAME AN HOLL 501 or the moo	DADDRESS OF FACE OWAY FUN SNOW HI de of dying, suc Cause given in ACE OF DEATH (Ch	Part I.	HOME O. SAI 100 or respi 100 ves 2 110 ves 2 110 ves 2	AUTOPSY MED?	RY, rest,	MD . 21801 Approximate Interval Betwoonset and Description of Caus of Deaths? WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATHS? 1 YES 2 NO
23. PART I. Enter the canock, or in the shock, or in the shock, or in the shock, or in the shock, or in the shock, or in the shock, or in the shock of the shock	diseases, or of heart failure. Inal heart failure. Inal heart failure. Inal heart failure. Inal heart failure. Inal heart failure. Inal heart condition with the failure failure. Inal heart condition of the failure failure. In media failure failure failure. In media failure fail	DUE TO DU	Cor as a col (OR AS A COl (O	ISBUR Is deeth. Do is line. Me V7 INSEQUENCE OF STORY INSEQUENCE OF	Y CR 222 not ente	EMAT(. NAME AN HOLL 501 or the modern the	DADDRESS OF FACOWAY FUN SNOW HI de of dying, suc control of the state	Part I. 28d. OESC 28f. LOCAL to the count	HOME 24a. WAS AN PERFOR 1 VES 2 (Specify) CRIBE HOW II	AUTOPSY IMED? NO NUMBER OF STATE OF S	24b	MD . 21801 Approximate interval Betwood Onset and De Ons
23. PART I. Enter the cashock, or in the shock, or in the shock, or in the shock, or in the shock, or in the shock, or in the shock of	diseases, or of heart failure. Inal Itions, ediate find fury ST To MEDICAL Pending investigation Could not be detarmined TO ITYING PNYSK	DUE TO DU	Cor as a col (OR AS A COl (O	ISBUR Is deeth. Do is line. Me V7 INSEQUENCE OF STORY INSEQUENCE OF	Y CR 222 not ente	EMAT(. NAME AN HOLL 501 or the modern the	DADDRESS OF FAOWAY FUN SNOW HI de of dying, suc Cause given in ACE OF DEATH (Ch. 5 5 Residence JRY AT RR? ES 2 NO	Part I. Part I. 286. OESC 287. LOCAL City or	HOME 24a. WAS AN PERFOR 1 VES 2 (Specify) CRIBE HOW II	AUTOPSY MED? NO NJURY OC	CURED or Rural F	MD . 21801 Approximate Interval Betwood Onset and De Onse
23. PART I. Enter the cashock, or in the shock, or in the shock, or in the shock, or in the shock, or in the shock, or in the shock, or in the shock of the shock	diseases, or cheert failure. inal ittions, ediate f/ing iury ST cant condition Pending investigation Could not be detarmined TITIFYING PNYSK DICAL EXAMINET	DUE TO DU	COR AS A COI (O	INSECUENCE O	OTHE STREET, feed at the ed at the ed, in my	EMAT(. NAME AN HOLL 501 or the modern the	DADDRESS OF FACOWAY FUN SNOW HI de of dying, suc control of the state	Part I. Part I. 28d. OESC 28f. LOCAL Lith the cause time, date a wager	HOME 24a. WAS AN PERFOR 1 VES 2 (Specify) CRIBE HOW II	AUTOPSY MED? NO NJURY OC	CURED or Rural F	MD . 21801 Approximate interval Betwood Onset and De Ons

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	TO THE HOSPITAL OR ATTENDING PROSICIAN. The law requires that the death certificate be executed within 24 and a feet seath. Page 6 may be retained from	TO THE TUNESIAL DIRECTION. Alter this certificate has been supped by the attending physician and completely filled in by the funeral director, page 5 should be supped by the funeral director, page 5 should be supped by the funeral director, page 5 should be supped by the funeral director, page 5 should be supped by the funeral director, page 5 should be supped by the funeral director and the f	when the state of	
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STATE	0F	MARYLAND	/ DEPARTMENT	OF I	HEALTH	AND	MENTAL	HYGIENE
			CERTIFICATE					REG. NO.

	REGISTRAR	CERTIFIC	CATE	F DEATH	REG. NO		
	1. DECEDENT'S NAME (First, Middle, Lust) HILDA SEWARD SKAGGS				2. DATE OF DEATH MONTH DA	AY YEA	3. TIME OF DEATH
	5141000				January 6		9:00A.M. "
		rs. last birthday)	IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year)	8. Bi	RTHPLACE (State or Foreign
		7 YRS.	- CAN	a Moons MM.	08-02-1		nurch Hill
~	9a. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOW	N OR LOCATION OF DE	ATH	9c. COUNTY O	F DEATH
ō	Easton Memorial Hospital		East	on		Talbot	
EC	10a. STATE 10b. COUNTY	10c. CITY.	TOWN OR LO	CATION			10d. INSIDE CITY
E E	Maryland Queen Anne's		Chest	or			LIMITS?
7	10e. STREET AND NUMBER		Chest	101, ZIP CODE		10a CITIZEN (1 YES 2 NO
ER/	106 Benton's Pleasure Ro	ьs		21619	1		E MESS TOPE A ST
FUNERAL DIRECTOR	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.	S. ARMED	13. WAS 1		IIC ORIGIN? (Specify Yes		ACE — American Indian.
BY F	1 Never Married 2 Married FORCES? 1 YES 2	Σ(No s	If yea,	epecify Cuben, Maxica ES 2 X NO Specify	n, Puerto Ricen, etc.)	8	Heck, White, etc.
	3 Wildowed 4 Divorced			- Company		, ,	white
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	a. DECEOENT'S U	SUAL OCCUP	ATION most of working	16b. KIND OF BUS	SINESS/INDUSTR	Y
J.	Elementary/Secondary (0-12) College (1-4 or 5+)						J
ME		Stor	e Kee			Grocer	У
S	17. FATHER'S NAME (First, Middle, Lest)				ME (First, Middle, Malden		
BE	Thomas R. Seward 19a. INFORMANT'S NAME (Type/Print)				rence Fu		
2					Route Number, City or Town		
	Catherine Lowery				e Road, Ch		
	XXBurial 2 Cremation 3 Removal from State cemeter	ACE AND DATE OF y, crematory or other	er placel			CATION — City of	Qri CO.
	21. SIGNATURE OF FUNERAL SERVICE LICENSE	irch Hil		AND ADDRESS OF FAC	1/8 Chur	ch Hill	L, Maryland
	19/ 10/1/	-	Ton	Helfenk	ein Fune	ral Ho	omes. PA
	Momen K. Helpange	en	106	Shamrod	ck RD. Ch	ester.	MD 21619
	23. PART I. Enter the diseases, or complications that caused the shock, or heart fellure. List only one cause on each	e desth. Do no	t enter the	mode of dying, sucl	as cerdiac or respi	retory srreat,	Approximata
	IMMEDIATE CAUSE (Fine)	i iirig.	1				Interval Between Onset and Death
	disease or condition resulting in deeth)	2,00		COVOLO	an Call	_	244.
	THE TO YOU AS A CO	HEEDVENCE OF	900	Edvalle	0h -1	k	21.00
N	Sequentially list conditions,	ture	Doub	wo h	drice	Flien	7
CERTIFICATION	if any, leading to immediata cause. Enter UNDERLYING	NSEQUENCE OF):	0	(-	- The	
5	CAUSE (Disesse or injury C.						
Ē	thet initiated events DUE TO (OR AS A CO resulting in deeth) LAST	INSEQUENCE OF):					
B	d						
	PART II. Other significent conditions contributing to deeth but r	not resulting in	the underly	ing ceuse given in	Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS
EDICAL	End Stace nevel &	isaa	Cher		PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE
	CHRONIC Obstructive	Bul	LICA-	Jusque	1 Tes 2	X	OF OEATH?
ż	Dialieles Molluli-	11					I TES Z NO
CIA	25. WAS CASE REFERRED TO MEDICAL		26.	PLACE OF DEATH (Che	ck only one)		
BY PHYSICIAN: M	1 ☐ YES 2X☐ NO HOSPITAL: 1 ☐ Inpetient 2 ☐ ER/Outpetien		OTHER:	oma 5 🗆 Rasidence	6 Other (Specify)		
H	27. MANNER OF OEATH 26s. DATE OF INJURY (Month, Day, Year)	28b. TIME (OF 28c. I	NJURY AT WORK?	28d. OESCRIBE HOW IN	JURY OCCURED	
à	1 Netural 5 Pending 2 Accident Investigation			YES 2 NO			
9	3 Suicide 6 Could not be 28e, PLACE OF INJURY — building, etc. (Specify)	At home, farm, str	eet, factory, of	fice	26f. LOCATION (Street a City or Town, State)	nd Number or Run	al Route Number,
E	4 Homicide determined				City or lown, State)		
2	CERTIFYING PHYSICIAN: To the best of my Incomeded	e, death occurred	st the time, d	eta and place, and due	to the cause(a) and man	ner se stated	
COMPLETED	MEDICAL EXAMINER: On the basis of second on en	d/or investigation,	In my opinion	, death occured at the t	lime, data and place, and	due to the cour	e(a) and manner as stated.
	290. SOMAZURIE AND TITLE OF CENTIFIER		.11	29c, LICENSE NUM			IED (Month, Day, Year)
) BE	TARRIADILLO /)(STAV	111	1/1/1	1727	7409	.	
5	10 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF PEATH	(TEM 27) FILER P	nho .	12 ~ 1	10/1	1/6/9	12
$\overline{}$	Lawrence D. Bohan, MD	Dutchm	an's	Lane Fa	ston, MD	2160	11
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATUR	RE	- LA - D	nuite, Ind	SCOIL, MD	2100	
	JAN - 8 '92 Achia Davidson-Ran	dell					

an addition

4 : 11 ::...

VEAR

9c. COUNTY OF DEATH

1992

3. TIME OF DEATH

A.M.

2:41

8. BIRTHPLACE (State or Foreign

Maryland

2. DATE OF DEATH

7. DATE OF BIRTH (Month, Day, Year)

EBRUARY 13

07-04-54

4. SOCIAL SECURITY NUMBER

215-62-1385

Se. FACILITY NAME (If not institution, also street and number

MEMORIAL HOSPITAL AT EASTON

Grace

S SEY

1 M 2-F

IF UNDER 1 YEAR

DAYE

EASTON

IF UNDER 24 HRS.

9b. CITY, TOWN OR LOCATION OF DEATH

STEELE

YRS.

8. AGE (In yrs. last birthday)

37

MARYLAND 21215-0020

BALTIMORE.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DIRECTOR TALBOT RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Oueen Annes Stevensville 1 1 YES 2 | NO FUNERAL 10s. STREET AND NUMBER 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? box 200 Cockeys Lane 21666 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO 1 Never Married 2 Married BY 3 Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only higher Elementary/Secondary (0-12) College (1-4 or 8+) 10 Waitress/ Bartender Restaurant/ once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Charles Clark Ada Elburn Clark BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Ada Clark 200 Cockys Lane Stevensville, Md. 21666 20a. METHOD OF DISPOSITION

1 Durial 2 Cremation 3 Real Donation 8 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State Stevensville Cemetery Stevensville. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Tom Helfenbein Funeral Home, P.A. Shamrock Rd Chester, 105 21619 medicai 23. PART I. Enter the diseases, or complicatione that caused the deeth. Do not anter the mode of dying, such as cardiac or reapiratory errest, Approximata ahock, or heart fellure. List only one cause on each line Interval Retween IMMEDIATE CAUSE (Final Onset and Death the disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): other traumatic event, CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): attending physician a ntal Hygiene prior to If any, leading to immediate cause. Enter UNDERLYING HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in desth) LAST injury, or signed by the atter Health and Mental I PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS s certificate has been signed by it the State Dept. of Health and id, or Item 23 shows any in AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? VUS PERFORMED? 1 TES 2 1 TES NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) HOSPITAL: OTHER: 1 X YES 2 NO effect 2X ER/Outpetient 3 - DOA 4 Nursing Home 5 Residence 8 Other (Specify) L DIRECTOR: After this certile 2 hours after death with the filem 28 is marked, or 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) with t 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1- Natural 5 Pending 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, a Could not be determined COMPLETED 4 🔲 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. TO THE HOSPITAL OF THE FUNERAL DE FINE WITHIN 72 ho 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29d, DATE SIGNEO (Month, Day, Year) 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Ane vorse No Melun 32 REGISTRAR'S SIGNATURE Julia Davidson-Randell DHMH-18 Rev 1/89

CORDS, BOT 80X 68760, BALTIMORE, MARYLAND 21215-0020	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the dam cartification executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the through the period and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be the State Dept. of Health and Merce Hyper of the Dept. of Health and Merce Hyper of the State Dept.	MPORTANT: if item 28 is marked, or item 23 shows any injury, we also manufic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the down certification execu	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the strength of the befiled within 72 hours after death with the State Dept. of Health and Medical Hyperia per no but	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumati

	FOR STATE REGISTRAR	STATE OF MARYL			HEALTH AND	D MEN	TAL HYGIEN	_		
- 3	1. DECEDENT'S NAME (First, Middle, La.	st)					ATE OF DEATH		3. TIME OF DEATH	
	CLARA	MARGARET		SAVOY			BRUARY	19.19	999 10:39PM	
- 4	4. SOCIAL SECURITY NUMBER	7	in yrs. last birthday)	IF UNDER 1 YEA		s. 7. D.	ATE OF BIRTH Honth, Day, Year)	8	BIRTHPLACE (State or Foreign Country)	
8	213-26-5393	1 □ M 2 💢 F 75	YRS.	MONTHS DAY	B HOURS MIN	SE	EPT. 15,	1915	MARYLAND	
- 1	9a. FACILITY NAME (If not institution, gir	ve street and number)		9b. CITY, TOW	N OR LOCATION OF	DEATH		9c. COUNTY	OF DEATH	
DIRECTOR	PHYSICIANS I	MEMORIAL HOS	SPITAL	LA PI	ATA			CHA	ARLES	
2	RESIDENCE OF DECEDENT 10e, STATE 10b, COU		10c. CIT	Y, TOWN OR LO	CATION				10d. INSIDE CITY	
	MARYLAND CHA	RLES	T.A	PLATA					LIMITS?	
1	10e. STREET AND NUMBER	10,10	1321	1 111111	101. ZIP CODE			10g. CITIZER	OF WHAT COUNTRY?	
5	3218 LINDY LANE				20646			UNITE	D STATES	
BY FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IF	U.S. ARMED		ECENDENT OF HIS				. RACE — American Indian.	
F	1 Never Married 2 Married	FORCES? 1 YES			specify Cuban, Me: YES 2XXNO Sp		erto Rican, etc.)		Black, White, etc. Specify:	
	3 Widowed 4 Divorced			_					BLACK	
COMPLETED	15. DECEDENT'S 8 (Specify only highest gr	:DUCATION rade completed)	16a. DECEDENT'S (Give kind of s	USUAL OCCUP	ATION most of working		16b. KIND OF BU	SINESS/INDUS	TRY	
삘	Elementary/Secondary (0-12) 7 TH GRADE	College (1-4 or 5+)				- 1	CAMPDI	NO		
×	17. FATHER'S NAME (First, Middle, Last)	NONE	CATERI	LK	40 MATHED'S	NAME (E	CATERI Iral, Middle, Maiden			
ပ	HENRY FELIX YAT				100000000000000000000000000000000000000	N. Shirt and				
BE	19a. INFORMANT'S NAME (Type/Print)	E3	19b. MAILING	ADDRESS (Stre	et and Number or Ru		IAS YATE		ode)	
오	JAMES B. SAVOY				LANE, LA			-		
	20s. METHOD OF DISPOSITION	20	. PLACE AND DATE	E OF DISPOSIT	ON (Name		DATE 20c. LC	CATION - City	y or Town, State	
	1 № Buriel 2 □ Cremation 3 □ R 4 □ Donation 5 □ Other (Specify) _	ST	TGNAT	US CHU	RCH CEME	TERY	2/24/9	2 CHAP	EL POINT, MD.	
	21. SIGNATURE OF FUHERAY SERVICE		anl		AND ADDRESS OF					
==13	LYDIA C. TH	OPNTON JOHNSON	301	тиор	NTON C	TIME	AT HOME	DOMO	NIZEV MADVI AND	
	23. PART i. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, auch as cardiac or respiratory arrest, Approxim									
	shock, or heart fellure. List only one cause on each line.									
	disease or condition	METAS	TATI		ARC	120	ama		Onset and Death	
	resulting in death)		CONSEQUENCE O	F):						
z	to a continuo de la c	- a O	F 0313	EAS	T					
CERTIFICATION	Sequentielly list conditions, if eny, leading to immediate	DUE TO (OR AS A	CONSEQUENCE O	F):						
걸	CAUSE (Disease or injury	C	CONSEQUENCE O	6.						
Ē	thet initiated events resulting in death) LAST	502.10 (011 20 7	CONSEGUENCE O	•).					į	
E		d								
CAL	PART ii. Other aignificent condi	tions contributing to death b	out not resulting	in the underl	ying ceuse giver	in Part		NAUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
							1 YES	2 NO	COMPLETION OF CAUSE OF DEATH?	
MEDI									1 TYES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:	2.4	OTHER:	, PLACE OF DEATH	(Check or	nly one)			
YSI	1 TYES 2 THO	1 Pinpatient 2 ER/Out		4 - Nursing	Home 5 - Resider	_				
	27. MANNER OF DEATH 1 National 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIR	JURY	INJURY AT WORK?		. DESCRIBE HOW	INJURY OCCU	RED	
B	2 Accident Investigati	28e. PLACE OF INJURY	/ — At home farm		YES 2 NO	_	I OCATION /Street	and Number or	Rural Route Number,	
ED	3 Suicide 6 Could not 4 Homicide determine	be building, atc. (Spe	cify)	arrest, ractory,	prince	2011	City or Town, State)	Tural riodio ridinosi,	
COMPLETE	29a. CERTIFIER			To the same of	an en sam nos		and the second			
MP	one)	HYSICIAN: To the best of my know MINER: On the basis of axamination								
8	29b. SIGNATURE AND TITLE OF CERT			,,,						
BE	16 guel	M.H.M	~		29c. LICENSE			P 7	SIGNED (Month, Day, Year)	
5	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF DO	EATH (ITEM 27) (Type	e, Print)	D283	332		9	1-(12	
					ADD "4	200	II T C ·····	VI 00:	2011	
	31. DATE ELLED (Manth, Doy, Man)	22 DECISTRADIO OIGI	EMBROOK NATURE	SQL	ARE #	303	HICHWA	Y 301	SOUTH	
	12844 92	Julia Davidsa	1- Rando B.		WA	ALDO	ORF MD.	2060	13	

1 - FOR STATE REGISTRAR	STATE OF MARYL			HEALTH AND I	MENTAL HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last Benjamin	I. Sweitzer				2. DATE OF DEATH MONTH POP 17	1992	3. TIME OF DEATH 4:30 P.M
4 SOCIAL SECURITY NUMBER 214-07-0666	112 M 2 □ F 8	In yrs. leat birthday) YRS.	IF UNDER 1 YEAR		7. DATE OF BIRTH	3 0	RTHPLACE (State or Foreign unitry) Md.
9a. FACILITY NAME (If not institution, give Rt.1. Box 17 RESIDENCE OF DECEDENT				on location of de stburg	EATH	AL.	F DEATH Legany
10e. STATE 10b. COUN	n legany	500	ry, town on Lo				10d. INSIDE CITY LIMITS? 1 YES 2 PANO
100. STREET AND NUMBER Rt.l. Box 17				21532		U.S.	F WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 TYES IF YES, GIVE WAR OR DO	24 NO	If yes,	ECENDENT OF HISPAR apacify Cubers, Maxica ES 2 2 NO Specifi			ACE — American Indian, lack, White, etc.
15. DECEDENT'S EC (Specify only highest gra Elementary/Secondary (0-12)			work done during use retired.)	TION most of working	16b. KIND OF BUSH		Y
17. FATHER'S NAME (First, Middle, Lest)		Driv	er	1 POS	ME (First, Middle, Melden St		
Isaac Sweitz 19a. INFORMANT'S NAME (Type/Print) Toda T Hann	er			t end Number or Rural	ces Filer Acute Number, City or Town, e, Frostbi		
Lois J. Hann 20a, METHOD OF DISPOSITION 1 Burial 2 Cremetion 3 Ra 4 Donation 5 Other (Specify)		place and day	E OF DISPOSITI	ON (Name		ATION City o	r Town, State
21. EIGNATURE OF FUNERAL SERVICE		03000	22. NAME	AND ADDRESS OF FA	CILITY		tburg, Md.
21. 1941 i. Enter the diseases, o shock, or heart felium iMMEDIATE CAUSE (Finel disease or condition resulting in death)	e. List only ona cause on a	d the death. Do ach lina.	ua.	node of dying, suc	h aa cardiac or respire	atory arrest,	Approximate interval Betwee Onset and Da
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	· Chrone	A CONSEQUENCE	or): ut des	office (ath	sestue to	Ketry	G m gea
PART II. Other algnificant conditi	ons contributing to deeth b	out not resulting	in the underly	ing cause given in	Part I. 24a. WAS AN A PERFORM 1 YES 2	ED?	24b. WERE AUTOPSY FINDIN MAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	patient 3 DOA	OTHER:	PLACE OF DEATH (C)	seck only one) 6 Other (Specify)		
27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b, Ti	ME OF 28c.	INJURY AT WORK?	28d. DESCRIBE HOW IN	JURY OCCURE	D
3 Suicide 8 Could not b	28a. PLACE OF INJURY building, atc. (Spe		, street, factory, c	ffica	281. LOCATION (Street ar City or Town, State)	nd Number or Ri	aral Route Number,
one)	SICIAN: To the best of my know NER: On the basis of examination						use(a) and manner as stated
29b. SIGNATURE AND TITLE OF CERTIF	HER HELEY	www		29c. LICENSE NU	MBER 3		NED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON Victor E. M	NHO COMPLÉTED CAUSE OF DE			Dr. C	umberland		
31. DATE FILED (Month Day, Year)	32 REGISTRAR'S ALE	HOUSE.		·			

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1 - STATE REGISTRAR	STATE OF MARY			OF HEALTH		NTAL HYGIEN	E	
	t. DECEDENT'S NAME (First, Middle, Lust)	5,	mon				DATE OF DEATH	Y - 9 1	3. TIME OF DEATH
	4. 256 STY NUMBER	5. SEX 6. AG	E (In yrs. last birthday)	IF UNDER		_	DATE OF BIRTH (Month, Day, Year)	6.	BIRTHPLACE (State or Foreign Country)
	254-40-9864 9e. FACILITY NAME (if not institution, give s	1 M 2 F	60 YRS.	MONTHS OF CITY	TOWN OR LOCA		Oct.6, 1	1931	Georgia
œ	Malcolm Grove		cal Ctr.		np Spr		1		ce George's
18	RESIDENCE OF DECEDENT								
DIRECTOR	Maryland Pri	v .nce George	200		rlocation er Mar	lboro			10d. INSIDE CITY LIMITS? 1 # YES 2 NO
	10e. STREET AND NUMBER			- L L	101, ZIP CO			t0g. CITIZEI	N OF WHAT COUNTRY?
ER/	9541 Castle	Drive			207	72			USA
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 X YE					ORIGIN? (Specify Yea	or No- 14	I. RACE — American Indian, Black, White, atc.
BY F	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR			YES 2 NO		Puarto Rican, etc.)		Specify: Black
	15. DECEDENT'S EDU		Army 16a. DECEDENT'S	I I I I I I I I I I I I I I I I I I I	CHRATION		16b. KIND OF BUS	INESS INDIES	
	(Specify only highest grade	completed)	(Give kind of life. Do NOT u	work done d se retired.)	luring most of worl	king	16B. KIND OF BUS	INESS/INDUS	O, RY
P	Elementary/Secondary (0-12) 12th	College (1-4 or 5 +)	Desi	igner	r			PVT.	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						(First, Middle, Maiden	Surname)	
BE C	Samuel Simo	n				Calli	e Henry		
2	19a. INFORMANT'S NAME (Type/Print)						te Number, City or Town		
-	Virginia Sim						Upper M		
	20a. METHOD OF DISPOSITION 1 Burial 2 Crematton 3 Rem 4 Donation 5 Other (Specify)	noval from Stata	ob. PLACE OF DISPO Other place) Harmony	SITION (No.	me of cometery, cr morial	Park	20c. LO		y or Town, State over, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	~ 0					Fune	eral Home
	Summer &.	- Teal	Di	7.	474 La	ndove	r Rd.La	ndove	er, MD 20785
	21 PARY . Enter the diseases, or ehock, owneart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	The terro	eech line.	e ca			lay di		interval Between Onset and Death
CERTIFICATION	Sequentially liet conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	S A CONSEQUENCE O						
ICAL	PART II. Other significant condition	ns contributing to death	but not reaulting	in the un	derlying cause	given in Pa	24a. WAS AN PERFOR	MED?	24b, WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MED									1 TES 2 NO
ä			,						
10	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER		DEATH (Check	only one)		
PHYSICIAN:	1 ✓ YES 2 ☐ NO 27. MANNEW OF DEATH	1 Inputient 2 ER/O			alog Home 5 26c. INJURY AT		Other (Specify)	N HIPN OCCU	DED.
BY PH	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Yea		JURY M	WORK?		ou. DESCRIBE NOW I	NJOHT OCCU	· ·
	3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF INJU building, atc. (S	RY — At home, farm, pecify)	atreet, facto	ory, office	2	8t. LOCATION (Street of City or Town, State)	and Number or	Rural Route Number,
<u> </u>	29a. CERTIFIER						-		
COMPLETED	(Check only	SICIAN: To the best of my kn ER: On the basis of exemine							cause(s) and menner as stated.
BE C	250. SIGNATURE AND TITLE OF DESTROYS	Duchus	MUS		D 290 L	CENSE NUMBI	ER	29d. DATE	SIGNED (Month, Day, Year)
5	39 NAME AND ADDRESS OF PERIOD WI	HO COMPLETED CANEER OF	DEATH (ITEM 27) (Typ	e, Print)	Da	1	11 N.	E.	MAZZ
	31. DATE FILED (Marring Day) Year) 19	92 32. REGISTRAR'S ST	Widson-Range	duce	pag []	umc	1.00	ops.	1100 18148

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	examiner
or remova	medicai
ation,	the
crem	rvent
2 hours after death with the State Dept. of Health and Mental Hyglene prior to burlal, cremation, or removal.	if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner mus
Hygiene p	r other
d Mental	injury, o
Ith an	any
of Hea	hows
Dept.	23 8
State	Item
the	0
With	5
death	E
after	28 18
HOURS	item 28 is marked, or ite
2 5	=

IMPORTANT:

FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPART CERTIFIC			MENTAL HYGI REG. I			
1. DECEDENT'S NAME (First, Middle, Last SARA SHEPLER	Sara G.	Shepler			2. DATE OF CEATH	DAY	YEAR	3. TIME OF DEATH 1:31 p
4. SOCIAL SECURITY NUMBER		(in yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year		Countr	PLACE (State or Foreign
9a. FACILITY NAME (If not institution, give	street and number)			OR LOCATION OF D	8/22/20 EATH	9c. COU	NTY OF D	ginia EATH
TME JOHNS HOPE	CINS HOSPITAL	,	BALTI	MORE		BAL	TIMO	RE CITY
Maryland Anne	Arundel	2117	town on Loca	TION				10d. INSIDE CITY LIMITS? 1 YES 2 X NO
104. STREET AND NUMBER	7tt uliue1	Lut		f. ZIP CODE		10g. CIT	IZEN OF V	WHAT COUNTRY?
246 Spring Gap S	Outh 12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DE	20724	NIC ORIGIN? (Specify	Yes or No-	USA 14. BACI	- American Indien,
1 Never Merried 2 X Merried 3 Wildowed 4 Divorced	FORCES? 1 YES	2 X NO	If yes, s		en, Puerto Rican, etc.		Speci	c, White, etc.
15, OECEDENT'S ED (Specify only highest grader) Elamentary/Secondary (0-12)	UCATION de completed) Collège (1-4 or 5+)	16a. DECEDENT'S U (Give kind of wo life. Do NOT use	ork done during m		16b. KIND OF	BUSINESS/INC	DUSTRY	
12 17. FATHER'S NAME (First, Middle, Last)	2	Civil Se	ervice	46 MATHEDIO N	U.S.		Dept	of Defen
Andrew D. Gardne	r			Nannie	Quilen			
James R. Shepler					Laurel,			20724
20a. METHOD OF DISPOSITION 1		ob. PLACE AND DATE of cometary, crematory of a ltimore-			1	aurel.		
21. SIGNATURE OF FUNERAL SERVICE		are more	22. NAME A	ND ADDRESS OF F			, man	yruna
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	bOUE TO (OR AS	A CONSEQUENCE OF	12	20-0	planie F	- tox	Johan	a 3 mon
PART II. Other significant condition	one contributing to deeth	but not resulting in	the underlyle	ng cause given i	PER	S AN AUTOPSY REORMED?	246	. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 JUNO
25. WAS CASE REFERRED TO MEDICAL			26. F	PLACE OF DEATH (C	heck only one)			
EXAMINER? 1 YES 2 No	HOSPITAL:	utpatient 3 DOA			6 Other (Specify)			
27. MANNER OF OEATH 1 Pretural 5 Pending (Month, Day, Year) 2 Accident Investigation			b. TIME OF INJURY AT WORK? M 1 YES 2 NO		26d. DEŞCRIBE HOW INJURY OCCURED			
3 Suicide 6 Could not b 4 Homicide determined	28e. PLACE OF INJU building, etc. (S)	RY — At home, farm, at pacify)	reet, factory, off	y, office 28t. LOCATION (Street and Number or Rural Route Number City or Town, State)			Route Number,	
one)	/SICIAN: To the best of my known							a) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIF	IER MT.			29c. LICENSE NI	JMBER		TE SIONEI	(Month, Day, Year)
30. NAME AND ADDRESS OF PERSON V	_	DEATH (ITEM 27) (Type,	Print)	Hupmy.	2 13	eltime		MID.
31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SH 1992 Julia	Savidson-Ran	1.00		1			

BALTIMORE MARYLAND 21203-3146	er death. Page attention of the hospital or attending physician.	the funeral dimensions are considered for use as the burial-transit permit. Pages 1, 2, 3 should val.	i examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within consoluted for the death. Page forms of the hospital or attending physician,	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dimensional management of the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HI	EALTH AND	MENTAL H	IYGIENE
CERTIFICATE OF	DEATH	F	REG. NO.

1 - STATE REGISTRAR	STATE OF MARYLAND			MENTAL HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)		CERTIFICATE OF DEATH		2. DATE OF DEATH 3. TIME OF DEATH		
JOANNE		STEVE	745	MONTH DAY	92	205 AM
	5. SEX 6. AGE (In yrs. le	ast birthday) IF UNDER	1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. B/RTI Count	HPLACE (State or Foreign
218 - 20 - 0534	1 M 2 KF 67	YRS.	TOWN OR LOCATION OF DE	July 7, 19:	24 Vi	rginia DEATH
Greater Laurel Be		tal La	urel	1	Prince (George
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CITY, TOWN C	R LOCATION	-		10d. INSIDE CITY
	e George	Laurel				1 X YES 2 NO
100. STREET AND NUMBER 1006 10th Street			101. ZIP CODE 20707			S.A.
11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S.		MAS DECENDENT OF HISPAN		No- 14. RAC	E — American Indian,
1 Never Married 2 X Married 3 Widowed 4 Divorced	FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES		f yes, specify Cuban, Mexica I YES 2 NO Specifi			White
15. DECEDENT'S EDUC. (Specify only highest grade of	ATION 16a. I	DECEDENT'S USUAL OF	CCUPATION	16b. KIND OF BUSIN		
Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work done of the Do NOT use retired.)		11		
Grade 12	f	Housewife	La Marijania M	Home. ME (First, Middle, Melden Su		
Vernon Carlisle D	attan			i Mae Walker		
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDRESS	(Street and Number or Rural	The second secon		
Robert P. Stevens		1006 10th	Street, La	irel, Maryla	and 207	07
20a, METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Ramo	val from State 20b. PLAC	E OF DISPOSITION (Ne	me of cemetery, cremetory or	20c. LOCA	TION — City or T	
4 Donation 5 Other (Specify)			lemorial Par		sey, Ma	rykana
11/1/1/	7 () 1/1	T T	onaldson Fu	neral Home,		
" NeWitt	ex X billy		3 Talbott A			
23. PART I. Enter the diseases for a shock, or heart fallure. L	ist only one cause on each li	ne.	the mode of dying, suc	n es cerdiac or respira	itory errest,	Approximate Interval Between
IMMEDIATE CAUSE (Final disease or condition	Multin to	1:0 /	. 0	0 0	\	Onset and Death
resulting in death)	Multisystom DUE TO DOR AS A CONS	SEDUENCE OF):	unovary a	my renal) 	lays
Convention list conditions (b	Sessis					3-4-weeks
Sequentially flat conditions, if any, leading to immediate	DUE TO (OR AS A CONS					3-461006
CAUSE (Disease or Injury	DUE TO (OR AS A CONS	SEQUENCE OF):				10,00
that initiated events resulting in death) LAST						
PART II. Other significant conditions	contribution to death but no	at manifelian in the co	aderiulna nause alues Is	Part I. 24s. WAS AN A	irmeev 1	Ib. WERE AUTOPSY FINDINGS
PART II. Other signisicant conditions	Contributing to obser but no	n reducting in the di	toerlying cause given in	PERFORM	ED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE
	July 13 (2			1 TYES 2	K, NO	OF DEATH?
				_		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF DEATH (C	neck only one)		
1 TES 2 PONO	HOSPITAL: 1 Propertient 2 ER/Outpetlent	3 DOA 4 Nu	R: rsing Home 5 🗆 Residence	6 Cher (Specify)		
27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DEŞCRIBE HOW IN.	JURY OCCURED	
2 Accident Investigation	26a. PLACE OF INJURY — At		1 YES 2 NO	261, LOCATION (Street en	el Number or Rum	I Route Number
3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Specify)	trome, man, entres, ma	nory, orne	City or Town, State)		,
29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my knowledge,	, death occurred at the	time, data and place, and du	e to the cause(s) and manr	ner as stated.	
ann)	R: On the basis of examination and/	or investigation, in my	opinion, death occured at th	time, data and place, and	due to the cause	e(a) and manner as stated.
29b. SIGNATURE AND THE COLUMN FIEB 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Your)					ED (Month, Day, Year)	
11119961	de		110	6644	- rec	-12,1992
30. NAME AND ADDRESS OF PERSON WHI	COMPLETED CAUSE OF DEATH (-	1 1 1 1 1	LIDE M	1 200	-
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE		Y LANE, L	TUREL, 11	0 201	0/
FFB 1 4 '92	Sucha David	on-Bindoll				

Pages 1, 2, 3 should

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BALTIMORE,

BOX 13146,

P.O.

RECORDS,

DIVISION OF VITAL

HOSPITAL

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medical the event. traumatic other 0 shows any 23 item 9 49 THE FUNERAL DIRECTOR:

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -**CERTIFICATE OF DEATH** DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATH Feb. 7, 1992 7:00 A PHILLIP C. SELBY, SR. 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign DAYS HOURS XXX D F YRS. Nov. 2, 214-34-6161 1919 Maryland 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 5412 Onley Road Girdletree Worcester RESIDENCE OF DECEDEN 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Worcester Girdletree 1 YES 2 XNO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21829 USA 5412 Onley Road 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-11. MARITAL STATUS 14. RACE — American Indian, Black, White, atc. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 XNO If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 Never Merried 2 Married IF YES, GIVE WAR OR DATES 1 TES 2 THO Specify: Specify: BY 3 Widowed 4 Divorced white COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give lind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 18h KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp. Elementary/Secondary (0-12) College (1-4 or 5+) 5 Farmer 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ħ William E. C. Selby Sallie F. Pruitt BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Goldie A. Selby 5412 Onley Road, Girdletree, Md. 21829 2 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) 20c. LOCATION -- City or Town, State must First Baptist Cemetery Pocomoke, Md 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY examiner MELSON FUNERAL HOME Furty-P. O. Box 64, Pocomoke, Md. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such ee cardiec or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. Interval Between **Onset and Death IMMEDIATE CAUSE (Final** disease or condition_ ardiac resulting in death) CERTIFICATION Sequentielly list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 TES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Nursing Home 5 Residence 6 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending 1 YES 2 NO 2 Accident
3 Sulcide B 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be E 4 Homicide IMPORTANT: If item 28 Щ 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. COMPL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

POBOK 2636

sal mo

32. REGISTRAR'S SIGNATURE

Julia Davidson-Randall

Lantor 31. DATE FILED (Month, Day, Year)

FFB₁

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Jalisbury

DHMH-16 Rev 1/89



YEAR

24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE

Approximata interval Between Onset and Death

REG. NO.

2. DATE OF DEATH

7. DATE OF BIRTH (Month, Day, Year) 9/26/38

1/30/92

FOR STATE REGISTRAR

1. OECEDENT'S NAME (First, Middle, Last)

ELMER

229 48 4429

4. SOCIAL SECURITY NUMBER

31. DATE FILED (Month, Day, Year)

FEB 11 1992

SAUNDERS

5. SEX

1 M 2 F

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	4479	X	0.3			9/26/38	VIEC			
WASHING	TON ADVI		TAL							
10e. STATE	10b. COUNT					2 1 11	. 1 11	1. INSIDE CITY LIMITS?		
10e. STREET AND NUM	IBER		767 11111		1. ZIP CODE	J		YES 2 NO		
11. MARITAL STATUS 1 Never Married	2 Married	12. WAS DECEOENT EVER FORCES? 1 YES	S 24 NO	If yes, sp	CENDENT OF HISPANIC (pecify Cuban, Mexican, P	ORIGIN? (Specify Yea or	Black, Wi	American Indian, hite, etc.		
(Speci	fy only highest grad	CATION completed) College (1-4 or 5 +)	(Give kind of w life. Do NOT use	ork done during mo retired.)	ON ost of working		IESS/INDUSTRY	31001		
		RS					,			
	ILLY AND AND AND AND AND AND AND AND AND AND	S (WIFE)	and Number or Rural Route	Number, City or Town, 3	State, Zip Code)					
1 XBurtal 2 D Oper	mation 3 - Ren Other (Specify)	Ce	06. PLACE AND DATE Of ametery, crematory or oth LINCOLN	F DISPOSITION (Na per place) MEMORIA	AL CEMETER	OATE 20c. LOCA Y 2/5/92				
LINCOLN MEMORIAL CEMETERY 2/3/92 SUITLAND, FID 22. NAME AND ADDRESS OF FACILITY JOHNSON & JENKINS FUNERAL HOME, INC. 716 KENNEDY STREET, N.W.; WDC 2001										
IMMEDIATE CAUSE disease or condition resulting in death) Sequentially list co if any, leading to in ceuse. Enter UNDE CAUSE (Disease or that initiated events	(Fine)	e. CARD DUE TO (OR AS DUE TO (OR AS	A CONSEQUENCE OF	PATH USION	- VEN			Approximata interval Betwoonset and De		
PART II. Other sign	. 1		1	the underlying	g ceuse given in Par	PERFORME	NO OF	RE AUTOPSY FINDIP ILABLE PRIOR TO IPLETION OF CAUS DEATH? YES 2 NO		
EXAMINER?		HOSPITAL:		OTHER:						
5#47		(Month, Day, Year)	INJU	M 1 1	PK?					
4 Homicide	Could not be determined	28a. PLACE OF INJUR building, atc. (Spe	IY — At home, ferm, at ecify)	reet, factory, office	281	LOCATION (Street and City or Town, State)	Number or Rural Route	Number,		
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as atsted. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner.										
(Check only	MEDICAL EXAMINE	CIAN: To the best of my known R: On the basis of examination	wiedge, death occurred on and/or investigation	at the time, data in my opinion, d	and place, and due to the eath occured at the time	ne cause(a) and manner , data and place, and d	r as stated. us to the cause(s) and	manner as stated		
	WASHING FRESIDENCE OF 10e. STATE 10e. STREET AND NUM 11. MARITAL STATUS 1 Never Merried 3 Widowed 4 SEPPER STATE 15. Special 17. FATHER'S NAME (FILE 18. INFORMANT'S NA EDNA 26s. METHOD OF DIBPLE 18. METHOD OF DIBPLE	WASHINGTON ADVE RESIDENCE OF DECEDENT 10e. STATE 10e. STATE 10e. STREET AND NUMBER 11. MARNITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced 15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 7 th 17. FATHER'S NAME (First, Middle, Lest) JESSE SAUNDE 19e. INFORMANT'S NAME (Type/Print) EDNA SAUNDER 20e. METHOD DEPENDATION 1 Novertile of pure (Specify) 21. SIGNATURE OF PURE ALL BETWICE LEST 23. PART I. Enter the diseases, or a shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 X Natural 5 Pending Investigation 3 Suicide 6 Could not be determined	Toe. STATE Toe. COUNTY Toe. STATE Toe. STATE Toe. STATE Toe. COUNTY Toe. STATE Toe. COUNTY Toe. STATE Toe. STATE Toe. COUNTY Toe. STATE Toe. County Toe. STATE Toe. STATE Toe. County Toe. STATE Toe. County Toe. STATE Toe. County Toe. STATE Toe. County Toe. STATE Toe. County Toe. STATE Toe. S	WASHINGTON ADVENTIST HOSPITAL RESIDENCE OF DECEDENT 10e. STATE 10e. COUNTY 10e. STATE 10e. COUNTY 10e. STREET AND NUMBER 11. MARITAL STATUS 11. MARY Merried 2 Married 3 Widowed 4 Divorced 12. Was DECEDENT EVER IN U.S. ARMED PORCES? 1 YES 22 NO IF YES, GIVE WAR OR DATES 15. DECEDENT'S EDUCATION (She wind of wind of wind or wind completed) Elementery/Secondary (0-12) 7 th 17. FATHER'S NAME (First, Middle, Last) JESSE SAUNDERS 19e. INFORMANT'S NAME (First, Middle, Last) JESSE SAUNDERS 19e. INFORMANT'S NAME (First, Middle, Last) 20e. PLACE AND DATES 20e. PLACE OF INJURY 21. Enter the diseases, or complications that caused the deeth. Do not shoot and the complete of the compl	WASHINGTON ADVENTIST HOSPITAL RESIDENCE OF DECEDENT 106. STATE 106. COUNTY 106. CITY, TOWN OR LOCA PORCES 107. TOWN OR LOCA PORCES 108. STATE 109. STATE 11. MARITAL STATUS 11. MARITAL STATUS 11. MARITAL STATUS 11. MARITAL STATUS 11. WAS DECEDENT EVER IN U.S. ARMED PORCES 11. WAS DECEDENT STATE 12. WAS DECEDENT EVER IN U.S. ARMED PORCES 13. WAS DECEDENT STATE 14. VES. QUE WAR OR DATES 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (6-12) College (1-4 or 5 +) 16. DECEDENT'S USUAL OCCUPATI (She kind of work done during in Marital Company) ELEMENTARY NAME (First, Middin, Last) JESSE SAUNDERS 198. INFORMANT'S NAME (First, Middin, Last) JESSE SAUNDERS 198. INFORMANT'S NAME (First, Middin, Last) 11. BURKETON 20b. METHOD OF DISPOSITION 100. MET	WASHINGTON ADVENTIST HOSPITAL RESIDENCE OF DECEDENT 106. STREET AND NUMBER 110. STREET AND NUMBER 111. MARITAL STATUS 112. WAS DECENDENT OF MARINED 113. WAS DECENDENT OF MARINED 114. WAS DECENDENT OF MARINED 115. DECEDENTS EDUCATION 116. OVER WAR OF DATES 117. WAS DECENDENT OF MARINED 118. DECEDENTS USUAL COCUPATION 119. SE, SEPOND, WAS DECEDENTS 118. MOTHER'S NAME 1111 BURKETON ROAD; 1111	98. FEALITY PAME (if not institution, give stores and number) WASHINGTON ADVENTIST HOSPITAL 108. COUNTY 109. STREET AND NUMBER 109. COUNTY 109. STREET AND NUMBER 119. COUNTY 119. STATUS 11 MARTIAL STATUS 11 MARTIAL STATUS 11 MARTIAL STATUS 12 MARTIAL STATUS 13 MARTIAL STATUS 13 MARTIAL STATUS 14 MARTIAL STATUS 15 MARTIAL STATUS 16 MARTIAL STATUS 16 MARTIAL STATUS 16 MARTIAL STATUS 17 MARTIAL STATUS 16 MARTIAL STATUS 16 MARTIAL STATUS 17 MARTIAL STATUS 16 MARTIAL STATUS 17 MARTIAL STATUS 16 MARTIAL STATUS 17 MARTIAL STATUS 18 MARTIAL STATUS 18 MARTIAL STATUS 18 MARTIAL STATUS 19 MARTIAL STATUS 19 MARTIAL STATUS 19 MARTIAL STATUS 19 MARTIAL STATUS 10 MARTIAL STATUS 10 MARTIAL STATUS 10 MARTIAL STATUS 10 MARTIAL STATUS 10 MARTIAL STATUS 10 MARTIAL STATUS 11 MARTIAL STATUS 11 MARTIAL STATUS 11 MARTIAL STATUS 11 MARTIAL STATUS 11 MARTIAL STATUS 11 MARTIAL STATUS 11 MARTIAL STATUS 11 MARTIAL STATUS 11 MARTIAL STATUS 11 MARTIAL STATUS 11 MARTIAL STATUS 11 MARTIAL STATUS 11 MARTIAL STATUS 12 MARTIAL STATUS 13 MARTIAL STATUS 14 MARTIAL STATUS 14 MARTIAL STATUS 15 MARTIAL STATUS 15 MARTIAL STATUS 16 MARTIAL STATUS 16 MARTIAL STATUS 17 MARTIAL STATUS 17 MARTIAL STATUS 18 MARTIAL STATUS 18 MARTIAL STATUS 18 MARTIAL STATUS 18 MARTIAL STATUS 18 MARTIAL STATUS 18 MARTIAL STATUS 19 MARTIAL STATUS 10	Sec COUNTY OF BASE WAS ELLIPSTEE OF DECEDENTY 10. STATE 10. COUNTY 10. CITY, TOWN OR LOCATION OF DEATH WAS ELLIPSTEE OF DECEDENTY 10. STATE 10. COUNTY 10. CITY, TOWN OR LOCATION 10. CITY, TOWN OR LOC		

32. REGISTRAR'S SIGNATURE Junia Davidson-Randole

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

IF UNDER 1 YEAR

IF UNDER 24 HRS.

6. AGE (In yrs. last birthday)

3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign VIRGINIA

10:10 p

r death. Page 6 may be retained by the human or minimum physician.	ne funeral director, page 5 should be detached for the second-transit permit. Pages 1, 2, 3 sh)	examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Exports after death. Page 6 may be retained by the househall eximinating physician.	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detacted in the burland and by the superal permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at onge.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTM			MENTAL HYGIE	NE	2 00201		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	DAY Y	3. TIME OF DEATH		
	Dorothy Elizabe	eth Shinn				AND AND AND AND AND AND AND AND AND AND	1 9	2 6150	2/10	
	4. SOCIAL SECURITY NUMBER 5. S	SEX 6. AGE (In y	rs. lest birthday) IF U	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Dev. Year)		BIRTHPLACE (State or Foreign Country)	7	
ł	214-84-3642 11	M 2 F	YRS.		R LOCATION OF DE	10/22/14		shington, DC	4	
DIRECTOR		e center		7	belt		F	2. 4	_	
EC.	10e. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCAT	ION			10d. INSIDE CITY LIMITS?		
<u>a</u>	Maryland Prince	George's	Hya	attsvil	le			1 X YES 2 NO		
A	10e. STREET AND NUMBER			10f.	ZIP COOE		10g. CITIZEI	N OF WHAT COUNTRY?		
FUNERAL	5805 42nd Avenue				20781		U	.S.A.		
2		WAS DECEDENT EVER IN U. FORCES? 1 YES 2	S. ARMED	13. WAS DEC	ENDENT OF HISPAN	IC ORIGIN? (Specify Y	aa or No— 14	RACE — American Indian, Black, White, etc.	- 1	
BY	1 Never Married 2 Married 3 XXWidowed 4 Divorced	IF YES, GIVE WAR OR DATE		1 🗆 YES	2 NO Specify			Specify: White	- 1	
- 4	15. DECEDENT'S EDUCATION	ON 16	Sa. DECEDENT'S USU	AL OCCUPATION	N	18b. KINO OF B	USINESS/INDUS		\dashv	
	(Specify only highest grade comp		(Give kind of work life. Do NOT use ret	done during mo:	it of working				- 1	
P	10	None	Homemake	er		70	vn Home			
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)	-			16. MOTHER'S NAI	ME (First, Middle, Maide	n Surname)			
	August E.Burgess				Rose	L. McChes	sney			
BE	19a. INFORMANT'S NAME (Type/Print)	-	19b. MAILING ADD	DRESS (Street a		loute Number, City or R		ode)		
2	Gloria J. Burch		7000 Pre	esley E	Road, Lar	ham, Mary	land	20706		
	20a. METHOD OF DISPOSITION 1X Burlel 2 Cremetton 3 Removal	20b, Pf	LACE OF DISPOSITIO	N (Name of cen	netery, crematory or	20c. L	OCATION — CIF	y or Town, State		
	4 Donation 5 Other (Specify)	Ft	. Lincolr				centwoo	d,Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LICENS	EE -	/		C Cach	s Sons Fi	moral	Homo DA		
	* Jack 1	Farena						11e, MD 2078		
	23. PART I. Enter the dieeeees, or com							t, Approximate		
	shock, or heert fellure. List only one ceuee on each line. Interval Between Onset and Desth Onset and Desth Oue TO (OR AS A CONSEQUENCE OF):									
	disease or condition	MYCOCA	rdial =	Lota	-ction					
ĺ	resulting in deeth) a	OUE TO (OR AS A CO	ONSEQUENCE OF):							
z	b									
FIG	Sequentielly list conditions, if any, leading to immediate	DUE TO (OR AS A CO	ONSEQUENCE OF):						- 1	
S	ceuse. Enter UNDERLYING CAUSE (Diseeme or injury	0115 70 105 10 1 0							_	
E	that initieted events resulting in death) LAST	OUE TO (OR AS A CO	UNSEQUENCE OF):					į		
CERTIFICATION	d									
AL (PART II. Other eignificent conditions co	. /	1			Part I. 24a, WAS	AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDIN	NGS	
S	Congestive	Hourt Fei	lure, (6-0.	ic Ren		2 700	COMPLETION OF CAUS	SE	
빌	Idsufficie	acx. Hxx	ertensio	00, 1	ementio	<u> </u>		1 □ YES 2 → NO	_	
-										
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	200			ACE OF OEATH (Ch	eck only one)				
SIC		OSPITAL: Inpetient 2 ER/Outpetic		THER: Nursing Hom	e 5 🗆 Reeldence	6 Other (Specify)				
H	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	F 28c. IN.	URY AT	28d. DESCRIBE HOY	V INJURY OCCU	REO		
ВУ	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆	YES 2 NO				_	
	3 Suicide 8 Could not be	28e. PLACE OF INJURY — building, atc. (Specify)	At home, farm, stree	nt, factory, offic	•	28f. LOCATION (Stree City or Town, Ste		Rural Route Number,		
	4 Homicide determined									
COMPLETED	Oriotic Oriny	N: To the best of my knowled	ige, death occurred a	t the time, date	and place, and dua	to the cause(a) and r	nanner as stated	J.		
8	one) 2 MEDICAL EXAMINER: 0	on the basis of examination a	nd/or investigation, is	n my opinion, o	leath occured at the	time, data and piece,	and due to the	cause(a) and manner as stated	d.	
BE C	20h. BIONASCIPLE AND TITLE OF GENTIPIEN	-//-			29c. LICENSE NUM	MBER	29d. DATE S	SIGNED (Month, Day, Year)	\neg	
	Alut fil	Ty M.D.	•		D31	001	> 2	14/92	_ 1	
2	30. NAME AND ADDRESS OF PERSON WHO C	DEPLETED CAUSE OF DEAT	H (ITEM 27) (Type, Prin		00,6	reenw	-ayCa	Yr. Dr. #4	30	
	Stuart lurke	witz, M.	D.	Gree	=nbel;	1, Md-	207	70		
	31. DATE FILED Month Day Year 1992	32. REGISTRAR'S STENAT	Bon-Randel							
	1 1000	0								

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	Kath	First, Middle, Last)	ne.	Sar	ne T. S	Samai	ras			MONTH	2-14	¥-9	ZEAR	3. TIME OF DI
	4. SOCIAL SECURITY NU 214-40-	1583	5. SEX		n yrs. last birthday) 6 9 5yrs.	IF UNDER	DAYS	HOURS	MIN,	(Month	OF BIRTH	97	Gre	eece
EQ.	96. FACILITY NAME (# ro	ndel M		dical Center sb. CITY, TOWN OR LOCATION OF Annapolis						EATH		ne A	runde	
DIRECTO	10e. STATE MD	Anne	Arunde	Arundel Arnapolis								10d. INSIDE C LIMITS? 1 YES 2		
FUNERAL	1607 Vir					Lair		2 1 4	01			Ţ	JSA	WHAT COUNTRY
BY FU	1 Never Married 2 3 Wildowed 4 1		12. WAS DECEDED FORCES? IF YES, GIVE	1 YES	2 X NO	1	If yes, sp	ecify Cub		in, Puerto I	I7 (Specify Yo Rican, atc.)	es or No—	Blac	ck, White, etc.
COMPLETED		DECEDENT'S ED only highest grac ry (0-12)		+)	16e. DECEDENT'S (Give kind of life. Do NOT COMPANY)	work done (use retired.)	CCUPATIO during mo	ON ost of work	ing		Resta			
i ui	17. FATHER'S NAME (First Theodore		omy					18. MOT	HER'S NA	AME (First, I	Middle, Maide	n Surneme)		
TO B	19a. INFORMANT'S NAM Annette		as								ber, city or to napc			214
	20a. METHOD OF DISPOSITION 20b. PLACE AND OATE OF DISPOSITION (Name of cemetary, crematory or other place)													
	St. Demetrius Cemetery Annapolis, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Hardesty Funeral Home, P.A. 12. Ridgely Ave. Annapolis, MD 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, App											A .		
	23 PART I Enter the	e diseases or	r complications th	at caused	the death Do		12 1	Rido	rely	Ave	e. Ar	napo	olis	, MD
		r heart failure (Finei	a. List only one ca		ech line.		12 1	Rido	rely	AVE	e. Ar	napo piratory a	olis	Approx Interva
ERTIFICATION	shock, o IMMEDIATE CAUSE disease or condition	r heart failure (Fine)	a. DUE π	O (OR AS A	ech line.	not enter	12 1	Rido	rely	AVE	diac or res	napo piratory a	olis	Approx Interva
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		1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
		1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH	ATH								
	1	Social Scotter William & 16 9 L 2011	hese								
P	1	216 01 2619 1 M 2 NF 7 YRS. MONTHS DAYS HOURS MIN. (Month, Dey, Year) Country) Maryland									
2.4	œ	9a. FACILITY NAME (If not institution, give street and riumber) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH	1.0								
\$ 1.2	CTOR	RESIDENCE OF DECEDENT	NU								
permit. Pages	DIREC	MD Anne Arandel Annapolis 100. INSPIRED 101.									
-55	FUNERAL	100. STREET AND NUMBER Apt 222 101. ZIP COINT 2/101 10g. CITIZEN OF WHAT COUNTRY? USA									
215-0020 attending physician. Ise as the burial-transit	B	11. MARITAL STATUS 1 Never Married 2 Married 1 Never Married 2 Married 2 Married 3 Whidowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED II. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No—II. yea, specify Cuban, Markean, Puerto Rican, atc.) 14. RACE — American Ind Black, Whita, etc. 1 YES 2 NO Specify: Whita, etc.									
	ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 18b. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)									
D 2 spital ed fo	COMPLE	Elementary/Secondary (0-12) College (1-4 or 5 +) Sales Retail									
# E E E	ш	17. FATHER'S NAME (First, Middle, Last) John R. Jester S r. 18. MOTNER'S NAME (First, Middle, Maiden Surname) Caroline Kosloeki									
be retained to 5 should e notified	TO B	19a. INFORMANT'S NAME (Type/Print) Michael Sullivan 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1352 Poplar Hill Drive. Annapolis, MD									
may may st b		20e. METNOD OF DISPOSITION X Surface 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of gemetery, crematory or other place) 20c. LOCATION — City or Town, State									
		21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY									
× = = =		Hardesty Funeral Home, P.A. 12 Ridgely Ave. Annapolis, MD 2140									
en in the		23. PART I. Enter the diseases, or complications that coulded the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, abock, or heart failure. List only one cause on each line. Approximation of the diseases, or complications that coulded the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, interval 8.	nsta								
y fill the		IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. Caratac Avvest	d Death								
B 0 8 8	_	DUE TO (OR AS A CONSEQUENCE OF):									
	ERTIFICATION	Sequentially liet conditions, If any, leading to immediate									
S le by	IFIC/	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):									
Tat tat o	CERT	resulting in deeth) LAST									
E Mar the C		PART II. Other significent conditione contributing to deeth but not recuiting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY PERFORMED? AMILIBRIE PRIOR									
signed Health Ws and	MEDICAL	1 YES 2 NO COMPLETION OF OF DEATH?	CAUSE								
AL KE ne law requ has been Dept. of n 23 sho	AN: M	1 YES 2	NO								
- f e e 5	SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1									
ATTENDING PHYSICIAN: ECTOR: After this certificals after death with the St. 128 is marked, or it	РНУ	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY WORK? 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED									
NDING P. After I death	р Ву	2 Accident Investigation 3 Suicide 8 Could get by 288. PLACE OF INJURY — At home, term, street, factory, office 281. LOCATION (Street and Number of Build Number)									
OR ATTENDING DIRECTOR: After hours after death	ETE	4 Nomicide datarmined City or Town, State)									
	OMPL	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination smaller investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as a	Mated								
THE HOSPI THE FUNEF filed within PORTANT:	BE CO	296. SIGNATURE AND TITLE OF CERTIFIER 296. DATE SIGNED, Month, Day, Year)									
D D S	5	30. NAME AND ADDRESS OF PERSON, WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)									
		Dennis M. Hall 1204 Wet St. Annapole, No.									
		31. DATE FUED (Month), Day, Ward 22. REGISTRAR'S SIGNATURE	_								

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	he State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
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_		1 - STATE REGISTRAR	STATE OF N	MARYLAND /				DEA		MENTA	L HYGIEN	_			
		1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH		YEAR	3. TIME OF OEATN	
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o N		E STANIA IN CALL WINESON	S. SEX	6. AGE (In yrs. lest		IF UNDER	DAYS	IF UNDER	MIN.		DF BIRTN th, Day, Year)		8. BIRTI	IPLACE (State or Foreign)	gn
V		PZO-ZT-JIIZ	I ☐ M 2 🛣 F	60	YRS.			noons	wills.		y 29,	193		aryland	
7		9a. FACILITY NAME (If not institution, give street				9b. CITY	, TOWN	OR LOCATI	ON OF D	EATN		9c. COL	INTY OF C	EATN	
19	Ö	803 Tyler Aven	ue				Ann	apo.	lis			Anı	ne A	rundel	
- W	DIRECTOR	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	TION		_				10d. INSIDE CITY	
2	5	Maryland Anne	Arund	el		Ann	apo	lis						LIMITS?	0
;	4	10e. STREET AND NUMBER		-				. ZIP CDD	Ε			10g. CIT	IZEN OF Y	WHAT COUNTRY?	
1	FUNERAL	803 Tyler Avenue 21403 U.S										Α			
	5	11. MARITAL STATUS	WAS DEC	ENDENT (OF NISPAI	NIC ORIGI	N? (Specify Yas	or No-	14. RACI	E — American Indian.					
	2	1 Never Married 2 Married 3 Wildowed 4 Divorced	YES 2 NA AR OR DATES	0		If yes, sp 1 🔲 YES	ecify Cube 2 X NO	in, Mexica Specif	in, Puerto	Rican, atc.)		Spec	K, White, etc.		
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ŀ	ED	15. DECEOENT'S EOUCA (Specify only highest grade co	mpleted)	(Gh		Work done		DN ast of working	ng	168	. KIND OF BUS	INESS/IN	DUSTRY		
1 2		Elementary/Secondary (0-12)	College (1-4 or 5+)			7	0 04	9430		State	- 5	Mom	L C	
nce.	COMPLE	17. FATHER'S NAME (First, Middle, Last)			om p (TOI	тег				Middle, Maiden		riar	yrand	
at o	2	Alvin Joseph T	nott								lark	Surname)			
P C	מ	19a. INFORMANT'S NAME (Type/Print)	rott	196	MAILING	ADDRES	2 /Street a								
E 5	O State, Zip Gode)											MD 276	66		
be		20e. METHOD OF DISPOSITION 20b. PLACE AND DATE DF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State												00	
Sam		4 Donation 5 Other (Specify) Davidsonville, MD													
examiner must be notified at once.		22. NAME AND ADDRESS OF FACILITY													
Eex	- 1	Taylor Funeral Chapel 21401													
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the the	- 1	iMMEDIATE CAUSE (Final disease or condition		- //	7		10		_	H	_			Onset and D	eath
ent,	1	resulting in death) s.	OUE TO	OR AS A CONSED	HENCE OF	6	R	29	ce	1				Stee	
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	2	Sequentially list conditions, if any, leading to immediate	OUE TO	DR AS A CONSED	UENCE OI	F):	-							10	
y, or other traumatic	3	cause. Enter UNDERLYING CAUSE (Disesse or injury										,			
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6 B		resulting in death) LAST													
= =		PART II. Other significant conditions	ontributing to	death but not re	euiting	n the un	deriving	Cause	ulven in	Dart I	24a, WAS AN	ALITODAN	100		
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shows .														1 TES 2 NO	
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0 >		27. MANNER OF DEATN	28a. DATE OF		26b. TIM		28c. INJU	-	sidence	8 Othe	CRIBE NDW IN	LILIBY OC	CLIBED		
marked,		1 Natural 5 Pending	(Month, Da	y, Year)		URY	WO	RK?	NO	200. 00.	JOHNEL HOW II	out oc	CONED		- 1
5 C	- 10	2 Accident Investigation 3 Suicide e Could not be 28e. PLACE OF INJURY — At home, tarm, streat, factory, office 28f. L.								28f. LOC	ATION (Street a	nd Number	or Rural R	loute Number	-
20 L	4 B	4 Nomicide determined	ounding, a	Hc. (Specify)						City	or Town, State)				
의 등		29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIA	N: To the beat of i	ny knowledne. des	th occurre	d at the *	me dete	and place	and due	to the er	(anda) === = :		lad		
ANT: If ite		one) 2 MEDICAL EXAMINER:	On the basis of ax	emination and/or in	vestigatio	n, in my o	pinion, de	eath occur	ed at the	time, data	and place, and	due to the	e causals	end menner as atom	2
		296. SIGNATURE AND TITLE OF CERTIFIER	111	1					NSE NUN		T			/	
APOR FR	- 11	1 lellet	1	1				1	C- TON	10	>	DATE OF	2	Shoren, Day Muss	. 1
≤ C	!	20. NAME AND ADDRESS/DE PERSON WHO	DMDI ETED CALIS	E DE DEATH //TEM	0.T. (T	D. Just	- /	1/	21/	7		100	//	1772	

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PHYSICIAN: The law requires that the death certificate be executed within 24 Trours after death, Page 6 may be retained by the hospital or attending physician.	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per such that the chair and Laboral sharings and provide the burial companies or removed.	State	the second and the second and the second second of the second second and second second second second second second
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Pages 1, 2, 3

DIRECT

FUNERAL

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CERTIFICATION

MEDICAL

PHYSICIAN:

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marked, or

OR ATTENDING PHYSICIAN:

HOSPITAL

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TO THE FUNERAL DIRECTOR: After be filed within 72 hours after deal IMPORTANT: If item 28 is m

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY 3. TIME OF DEATH Smithson John Royston 0250 M 7. OATE OF BIRTH A SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 8. BIRTHPLACE (State or Foreign DAYS 219-01-1038 1 M 2 | F Sept.11 Maryland 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF CEATH 9c. COUNTY OF DEATH Anne Arundel Center Anne Arundel Medical Annapolis 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 X YES 2 NO Maryland Annapolis Anne Arundel 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 21403 670 Americana Drive 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 № YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—if yee, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried White 3 Widowed 4 Olvorced W W II 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. OECEDENT'S EOUCATION (Specify only highest grade completed) 16b, KINO OF BUSINESS/INQUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) + Professor U.S. Naval Academy 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Nettie Strawbridge Lawrence Smithson 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Americana Drive, Annapolis, MD 21403 Smithson Dorothy G. 20e. METHOD OF DISPOSITION
1 M Burtal 2 Cremetton 3 Rem
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name 2/18/0912 20c. LOCATION - City or Town, State of cometary, crematory or other place) riendship Methodist Cem. Friendship, MI Friendship, MD SIGNATURE OF FUNERAL SERVICE DICENSES 22. NAME AND ADDRESS OF FACILITY Taylor Funeral Chapel 2140

147 Gloucester St. Annapolis

23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, abock, or heart fellure. Lifet only one cause on each line. Approximate Interval Batween IMMEDIATE CAUSE (Final **Onset and Death** disease or condition OUE TO HOR AS A CONSEQUENCE OF resulting in deeth) erchoveseda Sequentielly list conditions, OUE TO (OR AS A CONSEQUENCE OF): If any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other algoriticent conditione contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 TES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA ng Home 5 - Residence 8 - Other (Specify) 26e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Natural 5 Pending 1 YES 2 NO Investigation 2 Accident 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 28t. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined 4 Homicide 29e. CERTIFIER

1 DEERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occured at the time, data end piece, end due to the ceuse(e) end menner ea stated. 296. SIGNATURE AND TITLE OF CERTIFIER

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29d. DATE SIGNED (Month, Day, Year)

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MISSION OF VITAL RECORDS, P.O. BOX 68760,	ATTENDIAL DUVELOAMS The last services that death and the he
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	1. DECEDENT'S NAME (First	Middle Leet)			CENTIF	ICAT	L OF	DEA	I I I		REG. NO	,		
			y Suret	-+-						O Z -	DEATH	AY	YEAR	3. TIME OF DEATH
7	4. SOCIAL SECURITY NUME		5. SEX		s. last birthday)	T INDE								1:03 A H
.40	031-01-9	482	1 M 2 - F	88	YRS.	MONTHS	DAYS	HOURS	MIN,	02-1	BIRTH 4-04		countr Can	IPLACE (State or Foreign
1	98. FACILITY NAME (# not in					9b. CITY, TOWN OR LOCATION OF DEATH						9c. COUNTY OF DEATH		
CTO	7892 Sto	EDENT		oad		Severn Ann						ne A	Rundel	
PIRECTOR	MD MD	Anne	Arunde	21	Se'	10c. CITY, TOWN OR LOCATION Severn							10d. INSIDE CITY LIMITS? 1 YES 2 X NO	
AL	10e. STREET AND NUMBER						10	. ZIP CODI	E		-	10g. CIT	IZEN OF V	WHAT COUNTRY?
FUNERAL	7892 Sto	ne He	arth Ro	oad				21	144				USA	
5	11. MARITAL STATUS 1 Never Married 2	******	12. WAS DECEDEN FORCES? 1			13.	WAS DEC	ENDENT O	F HISPANI	C ORIGIN? (S	pecify Yes	or No —	14. RACE	- American Indian,
ВУ	3 ₭ Widowed 4 □ Divo	rced	IF YES, GIVE V	WAR OR DATES					specify:	, Puerto Hica	n, etc.)		Speci	White
TE	15. DECI (Specify only	EDENT'S EDU	CATION completed)	164	DECEDENT'S	work done	CCUPATIO	DN ast of worldn	107	16b. KII	O OF BUS	SINESS/IN	DUSTRY	
J'E	Elementary/Secondary (0	-12)	College (1-4 or 5	+)	lile. Do NOT u	se retired.)								
COMPLETED	17. FATHER'S NAME (First, Mi		Carpe	ente	r					pent	try			
	unknown	dure, Last)						18. MOTH		E (First, Midd	le, Maiden	Sumame)		
BE	19a. INFORMANT'S NAME (%	me/Print)			105 111111111					nown				
2	Nelson S		P		19b. MAILING									MD 21144
	20a, METHOD OF DISPOSITI	ON		20b. PLA					ar cii	DATE		_		
	1 ☑ Buriel 2 ☐ Cremetio 4 ☐ Donation 5 ☐ Other	n 3 🗆 Rame (Specify)	oval from State	cemeter	LACE AND DATE OF DISPOSITION (Name of participation) of the place) It come memorial Gardens Deltona,							Florida		
	21. SIGNATURE OF PUNERAL	PERVICE LIC	ENSEE /	///		22.	NAME AN	O ADDRES	S OF FACE	LITY	1-0		70 7	
	· Tall	A	and	1	22. NAME AND ADDRESS OF FACILITY Hardesty Funeral hOme, P.A 12 Ridgely Ave. Annapolis, ne deeth. Do not enter the mode of dying, such es cerdiec or reapfratory arrest,						Lis,	MD 21401		
CERTIFICATION	IMMEDIATE CAUSE (Findisease or condition resulting in death) Sequentially list condition if any, leading to immedicause. Enter UNDERLY!! CAUSE (Disease or injuit that initiated events	ona, Siete NG	DUE TO	(OR AS A COM	ISEQUENCE OF	Car		-	•					Interval Between Onset and Death
#	resulting in death) LAST		J											
MEDICAL	PART II. Other significan	t condition	s contributing to	death but n	ot resulting i	n the un	derlying	cause g	lven in Pi		PERFOR	WAS AN AUTOPSY PERFORMED? YES 2 - NO 24b. WERE AUTOPSY FIN AMALABLE PRIOR 1 COMPLETION OF CO OF DEATH? 1 YES 2 N		
3	25. WAS CASE REFERRED TO	MEDICAL					26. Pt.	ACE OF DE	ATH (Check	t onti one)				
PHYSICIAN:	EXAMINER?		HOSPITAL:	ER/Outpatient	3 DOA	OTHER 4 Num	R:			Other (Sp	- N. A			
	27. MANNER OF DEATH		28a. DATE OF (Month, De	INJURY	28b. TIM	E OF	28c. INJU	JRY AT	_	ed. DESCRI		JURY OCC	CURED	
BY	1 Natural 5 P	ending restigation	(Internal)	iy, rour <i>)</i>	lu2	M	1 D Y	ES 2	NO					
		ould not be etermined	28a. PLACE Of building,	F INJURY — At atc. (Specify)	t home, ferm, a	freet, fact	ory, office		2	City or To	N (Street as wn, State)	nd Number	or Rural Ro	oute Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFICATION 2 MEDIC	FYING PHYSIC	IAN: To the best of ex	my knowledge, amination and	, death occurre	d at the ti	me, data pinion, de	and place,	and due to	the cause(s	and man	ner as state	ed.	and menner es stated.
ш	296. SIGNATURE AND TITLE								NSE NUMBI		T			Month, Day, Year)
0	ba)	Oha							2457			DATE OF	2/20	92
유	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	E OF DEATH (TEM 27) (Type,	Print)				4			100	12
	Jayw	einer 1			sign	AL	_ WI	Lecto	- 6	11	209	02		
	31. FEB. 201 19	32 Ju	La Davidson	Tonda	٤									

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filed within 72 hours after death with the State Dept, of Health and Mental Hygiens prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - FOR STATE REGISTRAR	STATE OF MARYI	LAND / DEPARTM CERTIFICA	ENT OF I	EALTH AND DEATH		GIENE 3. NO.	00201		
	1. DECEDENT'S NAME (First, Middle, Last) NICHOLAS J	OHN	SPER	RA		2. DATE OF DEA	2 2av 9	ZEAR 07:10 AM		
	4. SOCIAL SECURITY NUMBER 217 26 0649	1 🕱 M 2 🗆 F 83	(In yrs. lest birthday) FU MON	NDER 1 YEAR THE DAYS	IF UNDER 24 HRS. HOURS MIN.	APR 6	908	e. BIRTHPLACE (State or Foreign Country) York City		
HOH	90. FACILITY NAME (If not institution, give NORTH ARUNDEL HO RESIDENCE OF DECEDENT				BURNIE	EATH	9c. COUNT	.A. COUNTY		
DIRECTOR	10a. STATE 10b. COUNT MD AACC		10c. CITY, TO		TION			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
ERAL	100. STREET AND NUMBER 1302 GILL ST				ZIP CODE		1	EN OF WHAT COUNTRY?		
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 TYPES IF YES, GIVE WAR OR CO	2 NO	If yes, sp	ENDENT OF HISPA ecify Cuban, Mexico 2 XXIO Specia	en, Puerto Rican, a	elfy Yea or No—	14. RACE — American Indian, Black, White, etc. WHITE		
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	UCATION to completed) College (1-4 or 8 +)	16a. DECEDENT'S USUA (Give kind of work of life. Do NOT use retir DISBURSEM)	lone during mo ed.)	ON st of working		CAL SUPP			
BE COM	17. FATHER'S NAME (First, Middle, Last) VINCENT SPE	ERA	21020NOLI		18. MOTHER'S NA ANGELI	ME (First, Middle, A				
TO	190. INFORMANT'S NAME (Type/Print) BEATRICE SPERA	1			ODENTON		or Town, State, Zip C	Code)		
	20a. METHOD OF DISPOSITION DBurlet 2 Cremetion 3 Ren 4 Donation 5 Other (Specify)	noval from State	b. PLACE AND DATE OF DIS	FIELD	S 2	25 92 1	oc. location — co MILLERSV			
	21. SIGNATURE OF FUNERAL SERVICE LI	A Hayles	ita		DGLEY AV		OLIS,MD.	21401		
	IMMEDIATE CAUSE /Float	. List only one cause on e	each line.			h aa cardiac or	reapiratory arre	at, Approximate interval Between Onset and Death		
CERTIFICATION	disease or condition resulting in death) a. Multisystom fusions DUE TO (OR AS A CONSCOUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST d. Mulmutution									
MEDICAL	PART II. Other algorificant condition Severe Possible pr	discontributing to death to de	but not resulting in the			PI	AS AN AUTOPSY ERFORMED? (ES 2) NO	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 YONO	HOSPITAL: 1 Inpatient 2 ER/Out		HER:	ACE OF GEATH (Ch					
/ PHY	27. MANNER OF DEATH 1 Overtural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJ WO	RK?		HOW INJURY OCCU	IREO		
TED BY	2 ^E Accident Investigation 3 Suicide 8 Could not be determined	28e PLACE OF INJURY — At home farm street factory office						r Rural Route Number,		
COMPLETED		SICIAN: To the best of my know ER: On the basic of examination						f. ceuse(s) and manner ee stated.		
띪	29b. SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NUI		29d. DATE	SIGNEO (Month, Day, Year) 2-22-92		
5	DAVID R. ROGGEN	M.D. 795 AQI	UAHART ROAD	, SUI		LEN BURN	VIE, MARY	YLAND 21061		
FE	31. DATE FILED PROPER, Day, War)	32. REGISTRAR'S SIGN	IATURE							

DIVISION OF VITAL RECORDS, P.O. BOX 68760, ABALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL DR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 23 fours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit be filed within 72 hours after death with the State Debt; of Health and Mental Horiene order to burlat commands.
IMPORTANT: if Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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CERTIFICATION	Sequentially list conditi if any, leading to imme- cause, Enter UNDERLYI CAUSE (Disease or inju- that initiated events resulting in death) LAS
یا	PART II. Other algnifica
MEDICAL	Carc
-	13.7.
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?
I	27. MANNER OF OEATH
ВУР	1 Natural 5 1 1 2 Accident
TED	3 Suicide a 6
"	29a, CERTIFIER
COMPLETED	(Check only one) 2 MEON
	29b. SIGNATURE AND TITLE
TO BE	VP
F	30. NAME AND ADDRESS OF

	1 - STATE REGISTRAR	SIAIE OF M	AKYLAND / [CE	JEPAN RTIF	ICATI	F OF	DEAT	AND I			E		
	1. OECEOENT'S NAME (First, Middle, Last)				·OAII		DEA		2. DATE OF DEA	. NO.			3. TIME OF DEATH
	MARY ADA	Tutching							MONTH	4 DAY		YEAR 192	10:17P M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last t	oirthday)	IF UNDER	R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRT		1.5		PLACE (State or Foreign
	047-42-1230	1 □ M 2 💢 F	83	YRS.	MONTHS	DAYS	HOURS	MIN.	Nov. 30	er)	908	Country	DC
	9e. FACILITY NAME (If not institution, give	street and number)			9b. CITY	, TOWN O	R LOCATIO	ON OF OE		, 1		NTY OF OE	
OR	Leland Memorial	Hospital			Ri	verd	ale						eorge's
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT										ET 11	ice G	eorge 3
E	100.00011					OR LOCAT	ION						10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	e George'	S	Нуа	ttsv:								1 X YES 2 NO
RA	5805 42nd Avenue					101.	ZIP CODE						HAT COUNTRY?
FUNERAL	11. MARITAL STATUS	12. WAS DECEOENT	EVED IN II S ABM		- (2)		2078						tates
BY FL	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 [IF YES, GIVE WA		.0		If yes, spe	city Cuber	F HISPAN 1, Mexicar Specify	IIC ORIGIN? (Speci n, Puerto Rican, et	ly Yes (C.)	or No-	14. RACE Black, Specify Whit	— American Indien, White, etc.
8	15. OECEOENT'S EOU	CATION	18e. OECE	DENT'S					16b. KINO O	E BIJE	NESS (NIC		е
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give	kind of s	vork done e retired.)	during mos	t of working	g	100. KINO 0	r BUSI	MESS/INU	USTRY	
AP I	12	0	House	ewi	e e				Own	Но	me		
00	17. FATNER'S NAME (First, Middle, Last)						18. MOTN	ER'S NAM	ME (First, Middle, M.				
BE (Harvey K. Shaner						Mary	Ada	Thomps	on			
2	19a. INFORMANT'S NAME (Type/Print)		19b. I	MAILINO	AOORESS	(Street ar			loute Number, City of		State, Zip	Code)	
-	John V. Tutching	Jr.	3 (Ceda	ır Tr	ee I	ane,	Sta	anford,	Con	nect	icut	06903
	29a METHOO OF DISPOSITION 1	oval from State	20b. PLACE AND	DOATE	FOISPOS	ITION/Nan	ne of		DATE 20			City or Tow	
	4 Donation 5 Other (Specify)		St. Jol	nn's						ilv	er S	prin	g, Md.
	Mark H	20			FR	ANCI	S GA	SCH SCH	SSONS	FUN	ERAL	ном	E, P.A.
	23 PART I Enter the diseases or	Juka	141/2		4/	39 B	ALT.	AVE	HYAT	TSV	TLLE	MD	20781
	23. PART I. Enter the diseases, or shock, or heart failure.	List only one cause	on each line.	n. Do n	ot enter	tha mod	a of dyle	ng, auch	aa cardiac or i	eapira	atory arr	est,	Approximata interval Between
	IMMEDIATE CAUSE (Final disease or condition	H	1.70	1.	1 m	000	are		10.				Onset and Death
	reaulting in death)	a. OUE TO (O	R AS A CONSEQUE	I G		10.1	ny		deen	10			
,		A	1. To	INCE OF	0. 1	la-	-85~	10	60:				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	OUE TO (O	RAS A GONSEQUE	INCE OF	11/1	1710	200	7	Vaces!	W.	~		1
S	cause, Enter UNDERLYING CAUSE (Disease or Injury	· Mc	Talpoli	`C.	0	200	do	only	2				1
	that initiated events resulting in death) LAST	OUE TO (O	R AS A CONSEQUE):	1	0		4				
E	robuiting in deatiny Exist	. Lar	C'N DE	na	- 0	0/	Br	ear	J				
	PART II. Other aignificant condition	s contributing to de	eath but not resu	ulting is	n the un	derlying	cause of	van in P	Part I. 24a, WA	S AN AI	JTOPSY	24b W	VERE AUTOPSY FINGINGS
5	Carcinom	a 01	UTon						PE	FORM	E07		MAILABLE PRIOR TO
ME	Otnial 6	(mrest	im 1	1,1	nal	7 %	1011	901	tal 10 YE	s M	X NO	0	F CEATH?
ż	111111	Pondo	10 Dir		1 - 1		1-1	145	arigh			'	☐ YES 2 ☐ NO
ĕ.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	New	1 march	لوسا	UU	28.4 LA	CE OF OE	ATH (Chec	(Jonly one)				
is	1 YES 2 NO	HOSPITAL:	R/Outpatient 3	DOA	OTHER		5 🗆 Res	Idence 8	Other (Specify)				
PHYSICIAN: MEDICAL	27. MANNER OF OEATH	28e. OATE OF IN (Month, Day,		Ob. TIME	OF	28c. INJU	RY AT	-	28d. OESCRIBE H	LNI WC	URY OCC	UREO	
à	1 Attural 5 Pending 2 Accident Investigation				М	1 YE	S 2 [NO					
	3 Suicide 8 Could not be determined	28e. PLACE OF I building, etc	NJURY — A1 home, (Specify)	ferm, at	reet, facto	ry, office			28f. LOCATION (St. City or Town, S	reet and	Number of	or Rural Rou	ite Number,
Ē, -													
COMPLETED	29a. CERTIFIER (Check only one)	CIAN: To the beet of my	knowledge, death	occurre	at the fir	ne, date e	nd pleca, o	end due to	o the cause(s) end	manne	er as state	d.	
8	2 MEDICAL EXAMINE	R: On the basis of exam	nination end/or inve	atigation	, in my op	drion, des	ith occure	d at the 1	me, date end place	, end	due to the	ceuse(e) e	nd manner ee steted.
BE	296. SIGNATURE AND TITLE OF CENTIFIER	1_	Atto	h			29c. LICEN	SE NUMB	DER	2	9d. DATE	SIGNEO (M	fonth, Day, Year)
OL	30 NAME AND ADDRESS OF PERSON	O O O O O O O O O O O O O O O O O O O	1111110	1/	Luc		9	119	1897		> 7	14	90
	30. NAME AND ADDRESS OF PERSON WHI	7209A	Hano	Uer Composition	Print) Pe	erk	cube	, (Brente	d	M	d.2	0770
	31. OATE FILEO (Month, Day, Year)	32. REGISTRAR'S	- Jandell				0						
	FEB 18 1992	TUNE HUNTADOR	-Mailione										

DHMH-18 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG NO.

	NEGIOTIAN	CERTIFI	CALE OF	DEATH	REG. NO		
	1. DECEDENT'S NAME (First, Middle-Lest) 1 MAYGIE E, Thompson)			2. DATE OF DEATH DOWNTH D	AY YEAR	
	231-05-7656 10M2XF	yrs lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	IC. COL	THPLACE (State or Foreign intry) Tginia
DIRECTOR	9e. FACILITY NAME (If not institution, give street end number) HUNCHWARD WALL MED, RESIDENCE OF DECEDENT	Center	96. CITY TOWN	OR LOCATION OF DE	is, Nd	Sc. COUNTY OF	
EC	10e. STATE 10b. COUNTY	10c CITY	TOWN OR LOCA	TION			
L DIR	Maryland Anne Arundel		ambrill	.S			10d. INSIDE CITY LIMITS? 1 YES 2XXNO
BY FUNERAL	1523 Defense Highway		10	or. ZIP CODE 2105	54	United	States
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN 1 Never Marriad 2 (X) Marriad FORCES? 1 YES	U.S. ARMED	13. WAS DE	CENDENT OF HISPAN	IC ORIGIN? (Specify Yes		CE American Indian, sck, White, atc.
	1 Never Merried 2 Merried FORCES? 1 YES IF YES, GIVE WAR OR DA	TES NO	1 D YE	pecify Cuben, Mexicar S 2 X NO Specify.	No		ocity: White
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S	JSUAL OCCUPAT ork done during m	ION	16b. KIND OF BUS	SINESS/INDUSTRY	
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)	IIIe. Do NOT use	y Worke		Airce	o Compan	
O	17. FATHER'S NAME (First, Middle, Last)		, worke	_	ME (First, Middle, Meiden		У
BE C	John William Hogan			Mary	Ann Chisor	n	
2	19e. INFORMANT'S NAME (Type/Print)				oute Number, City or Tow		
	James E. Thompson	1523 I	Defense	Highway	Gambrills	Marylan	d 21054
	YL Buriel 2 Cremation 3 Removal from State come	PLACE AND DATE OF	or place!			CATION City or	Town, State nville Md.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME A	ND ADDRESS OF FAC	ILITY		iiviiie md.
	▶ Kobert E. Evans, 1	nes.	16000	Annapol	ineral Hom	de Mary	land 20715
	23. PART I. Enter the diseases, or complications that caused shock, or heart fellure. List only one cause on se	the deeth. Do no	ot enter the me	ode of dying, auch	ss cardiec or reepi	ratory arrest,	Approximete
	IMMEDIATE CAUSE (Finel	1 . 1.					Interval Between Onset and Daath
	disease or condition resulting in death)	antis			1		
	DUE TO (QFI AS A	COMBEOUENCE OF)		6.0			
NO	Sequentially list conditions, b.	my of	Torre	eus VI	90005		
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	CONSEQUENCE OF)	Belia		lane.		
SE	CAUSE (Disease or Injury C.	CONSEQUENCE OF	mas	y an	Ams		
E	resulting in death) LAST	oonstoperor or)	•				
S	d						
AL	PART II. Other eignificent conditions contributing to deeth but	it not resulting in	the underlyin	g cause given in F	Part I. 24a, WAS AN		Ib. WERE AUTOPSY FINDINGS
EDICAL	- Peripheral V	ascul	an a	wearf	1 D YES 2	AC	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ME							1 - YES 2 NO
ä							
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:			LACE OF OEATH (Chec	ck only one)		
YS.	1 YES 2 NO 1 Inpetient 2 ER/Outpet		OTHER: 4 Nursing Hon	ne 5 🗆 Residence 8	Other (Specify)		
Y PH	27. MANNER OF DEATH 1 Natural 5 Pending 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	RY W	JURY AT DRK? YES 2 NO	28d. DESCRIBE HOW II	JURY OCCURED	
) BY	2 Accident Investigation 3 Suicide 8 Could not be 28e. PLACE OF INJURY - building at a (Secrit	- At home, ferm, str			281. LOCATION (Street a	and Number or Ruse	I Bruta Number
COMPLETED	4 Homicide determined building, etc. (Specification)	γ)			City or Town, State)		Thoras Number,
P	29e. CERTIFIER Check only CERTIFYING PHYSICIAN: To the best of my knowle	dge, death occurred	at the time, date	end place, and due t	o the cause(e) end men	ner as stated.	
8	one) 2 MEDICAL EXAMINER: On the basis of exemination	end/or investigation,	, in my opinion, o	feath occured at the ti	ime, date end place, en	d due to the cause	(e) end manner ee stated.
	29b. SIGNATURE AND TITLE OF CENTURER			29c. LICENSE NUM			D (Monthy Day, Year)
TO BE	(Jev) AT	tending		1000		/	6/92
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEAD BUT & Z M D 1655 Cooper St. Date Fileo (Month, Dey, Year) FFB 12 1992 Guide David	on Blue	dento	101 Cross	Ton MO	21114	
	31. DATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNAL	TURE YOU	20	1 - 4/1			
	FFR 12 1992 Guha David	won-yandel	للحي				

Janes Janes Barrielle

the second second

	REGISTRAR		C	ERTIF	CATE)F DEA	TH		REG. NO			
	1. DECEOENT'S NAME (First, Middle, Leat)							2. DATE	OF DEATH		100/200	3. TIME OF DEATH
	Annie Mae	THDACHED						02	1 1		992	9:30P M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la:	st birthday)	IF UNDER 1 YE	AR IF UND	ER 24 HRS.		OF BIRTH			1PLACE (State or Foreign
	578-36-8876	1 M 2 F		YRS.	MONTHS DA		-	(Month	Day, Year)		Count	(1/2)
	9e. FACILITY NAME (If not institution, give a	27	70						8/21			rqia
~					96. CITY, TO					9c. COU	JNTY OF D	DEATH
0	Doctor's Hosp	ital			Lanh	am, N	Mary:	land		Pr	ince	e Georges
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT			_								
DIRECTOR					, TOWN OR LO							10d. INSIDE CITY
		nce Geor	rges	Upi	per M	aribo	oro					YES 2 NO
A	10e. STREET AND NUMBER	_				10f. ZIP CO						WHAT COUNTRY?
E	900 Narrowlea:	f Dr.				2077	72			U.	SS	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AF	RMED	13, WAS	DECENDENT	OF NISPAN	VIC ORIGIN	? (Specify Yes	or No-	14. RAC	E — American Indian
	1 Never Married 2 Married	FORCES? 1	YES 2	NO	It yes	, specify Cut	oan, Maxica	n, Puerto R				E — American Indian, k, White, etc.
BY	3 Wildowed 4 Divorced	IF TES, GIVE W	AN ON DAIES		''	YES 2 XNO	Specify	À:			B 1	ack
COMPLETED	15. DECEDENT'S EDU	CATION	16a, Di	CEDENT'S	USUAL OCCUP	ATION		16h	KIND OF BU	SIMESS/IM	•	2012
	(Specify only highest grade Elementary/Secondary (0-12)		(6	live kind of w	ork done during retired.)	most of work	king	1		51112007111		
2	1.2	College (1-4 or 5+	'									
<u> </u>	17. FATHER'S NAME (First, Middle, Last)			omes	CLC				rivat			
									liddle, Maiden	Sumame)		
BE	Robert Lewis					Can	nilla	a Ta	nks			
2	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (Str	et and Numb	er or Rural I	Route Numb	er, City or Tow	n, State, Zi	ip Code)	
-	Patricia Chand	ler		900 1	Varro	wleaf	Dr.	gqU.	er Ma	arlb	oro	Md20772
	20a. METHOD OF DISPOSITION		20b. PLACE	AND DATE O	F DISPOSITION			OATE			City or To	
	1 XBuriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	OVER FROM State	Benny	metory or of	her place)	meter	777	2/1	5/02	90	cia:	l Circle,G
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	1001111		22. NAM	E AND ADDR	ESS OF FA	CILITY TT	2772	50	J D	dwards
	1 to 2	6 11	- /	_ /	272	0 07:	1 0 1 1	п.	oages	an	a Ec	iwards
	minuce (au	arov.	2								uit. MD.
	23. PART I. Enter the diseeses, or	complications that	t ceused the de	eth. Do n	ot enter the	mode of d	ying, suci	h es cerd	iac or respi	iratory ar	rest,	Approximata
	shock, or heart fellure. IMMEDIATE CAUSE (Final	List only one cau	se on each line									Intervel Between Onset and Death
	disease or condition	AC	who is	low	101 /	12	(1)	7000	X			1/ //
ŀ	resulting in death)	BUE TO	OR AS A CONSE	OLIENCE OF	10001	/ -)	VV	VUE	7			12.174
_	_	1/2	1 (111	100	n 211	1	un					1/2,0
Ó	Sequentially list conditions,	b. OUE TO	(OR AS A CONSE	OUENCE OF	10	/		7				10 Monto
A	if any, leeding to immediate cause. Enter UNDERLYING		(0000000	"		,	/				i
윤	CAUSE (Disease or injury that initiated events	c	(OR AS A CONSE	OUENCE OF	1.							
CERTIFICATION	resulting in deeth) LAST				,-							į
8		d										
	PART II. Other significent condition	ns contributing to	deeth but not	reaulting i	n the under	ying cause	given in	Part I.	24a. WAS AN		24b	. WERE AUTOPSY FINDINGS
EDICAL	1/12	1) DOM	can						PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
8		V VC II	7					-	1 TYES 2	□ NO	- 1	OF DEATH?
Σ												1 YES 2 NO
ÿ												
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				PLACE OF	OEATH (Ch	eck only one)			
Š	1 TES 2 NO	1 Orinpstlant 2	ER/Outpetient 3	□ DOA	OTHER:	Home 5 🗆 I	Rasidence	6 Other	(Specify)			
ξI	27. MANNER OF DEATH	28a. OATE OF (Month, De	INJURY	28b. TIMI	OF 28c	INJURY AT		_	CRIBE NOW I	NJURY OC	CURED	
	1 Natural 5 Pending	(WORE), DE	ay, rear)	INJ		WORK?	□ NO					
BY	2 Pulate	28a. PLACE OF	F INJURY — At he	ome, term, s	treet, factory,	office		28f, LOCA	TION (Street a	and Numbe	r or Rugal I	Route Number
岜	4 Homicide 8 Could not be	building,	atc. (Specify)					City o	r Town, State)			
COMPLETED	29e. CERTIFIER											
P P	(Check only 1 Ly CERTIFYING PNYS											
ō	2 MEDICAL EXAMINE	R: On the basis of ax	ramination and/or	Investigation	n, in my opinio	n, death occ	ured at the	time, data	and place, an	d due to t	he cause(s	a) and manner as stated.
E	296 SIGNATURE AND TITLE OF CERDIFIE	R . /		1		29c. Life	CENSE NUN	ABER		29d. DAT	TE SIGNED	(Month, Day, Year)
0	Chonaid.	Y. 11	Malle		m	7	00	36	7)	•	2/1	2/92
임	30. NAME AND AGORESS OF PERSON WH	O COMPLETED CALIS	E OF OEATH ATE	M 27) /Time	Print)	1	00	/ - (0-11	-170
	150MALD A	PREC.	322/	Cun	7	/_		10	MIL	,)	11	2007/-
	21 DATE FILED (Marth 4 4 4 2 2 2	100	15 1	176	8101	1-d	ne,		rows	/ /	IC	00113
- 11	J. Jan. 197 (197) 1997	SZ. PEGINTA	EDREPHIA DHIVE	Larlago	-							



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1100 10 01	MOLECULARIO POLICIONE CONTROL NO COLONIO NE COLONIO NO COLONIO NO COLONIO NO COLONIO NO COLONIO NO COLONIO NO COLONIO NO COLONIO NECEDIA NE
al examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
wal.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
the funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fined in by the funeral director, page 5 should be detached
ter death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Livs after death. Page 6 may be retained by the hosp
BALTIMORE, MARYLAND	DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1 - FOR STATE REGISTRAR	STATE OF MAI	RYLAND / DEPAF CERTIF		F HEALTH AN	ID MENTAI	REG. NO.		
L We, Less) Edward	Adria	n T	azelaar	2. DATE	OF DEATH DAY	92	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest birthday)	MONTHS D	EAR IF UNDER 24 H	100	OF BIRTH n, Day, Year)	Coun	
378-18-9746	X⊠ M 2 □ F	95 YRS.			Jul	y 3,18		ichigan
9a. FACILITY NAME (If not institution, give				WN OR LOCATION O		90	c. COUNTY OF	
Charlotte Ha	11 Vetera	ns Home	<u>Ch</u>	arlotte	Hall		St.	Mary's
10a. STATE 10b. COUN	ITY	10c. CIT	TY, TOWN OR I	OCATION				10d. INSIDE CITY
	St. Mary	S	Cali	fornia				1 TES 2 NO
10e. STREET AND NUMBER	1	1 2 1		101. ZIP CODE		10	g. CITIZEN OF	WHAT COUNTRY?
R R Box 264 T				2061			US	
11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EN	YES 2 NO	If ye	S DECENDENT OF HI s, specify Cuban, M	exican, Puerlo I		No- 14, RAC Black	CE — American Indian, ck, White, atc.
3 ☑ Widowed 4 □ Divorced	IF YES, GIVE WAR	OR DATES	1 [YES X X XO S	pecify:		Spe	White
15. DECEDENT'S Et (Specify only highest gra	DUCATION	16a. DECEDENT'S	USUAL OCCL	PATION	16b	KIND OF BUSINE	SS/INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	work done duni ise retired.)	ng most of working				
8	N/A	Car	pente	r		Bı	uildi	ng
17. FATHER'S NAME (First, Middle, Last)				16. MOTHER	S NAME (First, I	Middle, Maiden Sum	name)	
Henry Peter	Tazelaar					rnelia		iere
19a. INFORMANT'S NAME (Type/Print)				reet and Number or F				
Richard Tazo		6201	Buck	ler Rd.	.,Clin			
20a METHOD OF DISPOSITION A Burlel 2 Cremetton 3 Re	movel from State	20b. PLACE OF DISPO other place)					ION — City or 1	
4 Donation 5 Other (Specify)	LICENSEE .	Washingt	on Na	tional	Cem.	S Fun	witla	nd,Md Home,Inc.
1///	0 + Ca	1	663	3 Old A	lexan	der Fe	rry R	Road
23. PARTY Enter the diseases, o	Tarton 1	ales	Cli	nton, Mo	1. 207	35		
IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	a. List only Dna cause	dio VASC AS A CONSEQUENCE O	ULAR	DISEAS	SE			Interval Betwee
Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING	bDUE TO (OR	AS A CONSEQUENCE O	DF):					
CAUSE (Disease or Injury that initiated events reaulting in death) LAST	DUE TO (OR	AS A CONSEQUENCE O	DF):					
PART II. Other algnificant conditi	one contributing to de	eth but not resulting	in the unde	riving cause give	n in Part I	24a, WAS AN AUT	mpsy 24	Ib. WERE AUTOPSY FINDING
						PERFORMEI	D?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	26. PLACE OF DEAT	H (Check only or	10)		
1 YES 2 NO	1 Inpetient 2 I EF		4 - Nursing	Home 5 - Reside				
1 Natural 5 Pending 2 Accident Investigation		(bar) IN	JURY M	C. INJURY AT WORK?	111-22	SCRIBE HOW INJU	RY OCCURED	
3 Suicide 6 Could not b	28e. PLACE OF IN building, etc.	IJURY — At home, farm, (Specify)	atreet, factory	office		ATION (Street and i or Town, State)	Number or Rural	I Floute Number,
41	SICIAN: To the best of my NER: On the basis of axam							o(a) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIF	IER			29c, LICENSI	NUMBER 2965	7 29	d. DATE SIGNE	ED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON Y	WHO COMPLETED CAUSE (OF DEATH (ITEM 27) (Type	e, Print)					
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE						
FEB 1 4 1	992 Julia	Davidson-Ran	phall	·				

|--|

	1 - STATE REGISTRAR	TATE OF MARYLAND / DEPA	ARTMENT OF HEALTH AND MEI FICATE OF DEATH		2 06212
	1. DECEDENT'S NAME (First, Middle, Last)	BENTON		REG. NO.	4 700 05 05 05 15 15
	TRUBIE	B. THOI	MAS	MONTH DAY	YEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. S	SEX 8. AGE (In yrs. last birthda)		DATE OF BIRTH	B. BIRTHPLACE (State or Foreign
	220 10 3/4-	M 2 DF 72 YRS.	MONTHS DAYS HOURS MIN.	Month, Day, 1687)	North Carolina
0	9s. FACILITY NAME (If not institution, give street s.	1.4	9b. CITY, TOWN OR LOCATION OF DEATH	9c. COUNT	TY OF DEATH
DIRECTOR	L-Cland M-CMORIAL RESIDENCE OF DECEDENT	HOSPITAL	RIVERDALE	PRIN	IV OF DEATH
E C	10a. STATE 10b. COUNTY		ETY, TOWN OR LOCATION		10d. INSIDE CITY
	MD PRINCE	GEORGE'S	HYATTSVILLE	5	LIMITS?
*AL	100. STREET AND NUMBER 6612 24 max	101	101. ZIP CODE	10g. CITIZI	EN OF WHAT COUNTRY?
FUNERAL			2078	Unit	ed States
5	1 Never Married 2XX Married	WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO	13. WAS DECENDENT OF HISPANIC O	RIGIN? (Specify Yes or No-	4. RACE — American Indian, Black, Whits, etc.
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES	t YES 2 NO Specify:		Specify: White
ED	15. DECEDENT'S EDUCATION (Specify only highest grade complete)	N 16s. DECEDENT	'S USUAL OCCUPATION	16b. KIND OF BUSINESS/INOU	
LET	Elementary/Secondary (0-12) Col	Hege (1-4 or 5+)	of work done during most of working use retired.)		
COMPL	12th	2 Financi	al Officer	U.S. Gov't	
	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NAME (F	First, Middle, Malden Surname)	
BE	Willis Weeks 19s. INFORMANT'S NAME (Type/Print)		Bessie Pa		
5	Watson A. Thomas		NG ADDRESS (Street and Number or Rural Route		
	20a METHOD OF DISPOSITION 1A.XBuriel 2 Crempiton 3 Removal fr	20h PLACE AND DAT	24th Avenue, Hyatts		
	1202Buriel 2 Cremetton 3 Removal for 4 Donatton 5 Ofther (Specify)	cemetery, cremetory or	other place) Veterans Cem. 2-6-	DATE 20c. LOCATION — CI	ly or Town, Stats
	211 SONATURE OF FUNERAL SERVICE LICENSE	E DEGLE	22. NAME AND ADDRESS OF FACILITY	A Louerrenus	im, Maryland
	1 14/3	Valori,	FRANCIS GASCH'S	SONS FUNERAL	HOME, P.A.
	23. PART I. Enter the diseases, or completions of beart fellows. List of	lications that caused the death. Do	4739 BALT. AVE.,	HYATTSVILLE,	MD. 20781
	etiock, or heart fellure. Liet o	only one ceuee on each line.	not enter the mode of dying, such as	cerdiec or respiratory stres	interval Batween
	disease or condition	Chrony Ob	structive Lung	D	Onset and Death
	reaulting in death)	OUE TO (OR AS A CONSEQUENCE	OF):	10 reade	years
Z	Sequentially list conditions, b.				
P. P.	if sny, leeding to immediate cause. Enter UNDERLYING	OUE TO (OR AS A CONSEQUENCE	OF):		
FIC	CAUSE (Disease or Injury	DUE TO (OR AS A CONSEQUENCE	Om.		
CERTIFICATION	that initieted events resulting in death) LAST	DOE TO (ON AS A CONSEQUENCE (or):		
	d				
CAL	PART II. Other significant conditions con	tributing to deeth but not resulting	In the underlying ceuse given in Pert	I. 24s. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
				1 TYES 2 NO	COMPLETION OF CAUSE OF DEATH?
MEDI				,	1 YES 2 NO
PHYSICIAN:	25 WMS CASE DESERVED TO MESON				
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	SPITAL: V	28. PLACE OF DEATH (Check on	ly one)	
75			A C Monto the A C A to C C	Other (Specify)	
I 1	1 OYES 2 NO 1 I	Inpatient 2 ER/Outpatient 3 DOA	4 Nursing Homs 5 Residence 6 0		
	1 YES 2 NO	26s. DATE OF INJURY (Month, Day, Year) 26b. TII	ME OF 26c. INJURY AT 26d.	DESCRIBE HOW INJURY OCCU	RED
BY	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26s. DATE OF INJURY (Month, Day, Year) A 1 A 26e. PLACE OF INJURY — At home, farm.	ME OF JURY AT WORK? M 1 YES 2 NO		
ED BY	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	26s. DATE OF INJURY (Month, Day, Year) 26b. TII	ME OF JURY AT WORK? M 1 YES 2 NO etreet, factory, office 266.	DESCRIBE HOW INJURY OCCUI LOCATION (Street and Number or City or Town, State)	
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7, T.O.	death certif	aftending	intal Hygler	ry, or oth	
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ראה	law require	s been sig	ept. of Hea	23 shows	
VIIA	CIAN: The	irtificate ha	he State D	or Item 2	
DIVISION OF VITAL RECORDS, P.O. BOX 68/60,	NG PHYSIC	fter this ce	eath with t	marked,	
LAISIC	R ATTENDI	RECTOR: A	urs after di	ım 28 is	
2	DSPITAL OF	INERAL DI	thin 72 hot	INT: If Ite	
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 m y secretical per the hospital per the hospital per the performance of	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director.	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

by the Nospital or attending physician.

The detached for use as the burial-transit permit. Pages 1, 2, 3 should

E MARYLAND 21215-0020

BALTIMORE,

100. STREET AND NUMBER 3 9 4 0 Bexley Place #814 11. MARITAL STATUS 11. MARITAL STATUS 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S., ARMED FORCES? 1 YES 2 NO If YES, OIVE WAR OR DATES 13. WAS DECEDENT OF HISPANIC ORION? (Specify Yes or No- If Yes, OIVE WAR OR DATES 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working If YES, OIVE WAR OR DATES 16. MOTHER'S NAME (First, Middle, Last) Willie W. Frink 16. MOTHER'S NAME (First, Middle, Maiden Surname) 17. FATHER'S NAME (First, Middle, Last) Willie W. Frink 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State 1 Date 20c. Location — City or Town, State 2 Drawled A Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 10. V.S. A. 12. WAS DECEDENT'S USUAL OCCUPATION If yes, specify Cubs, Maxican, Puerto Rican, etc.) 1 yes, specify Cubs, Maxic	M M No or Foreign The or Foreign The No. C COLGO COLGO STEPPINO ITRY?
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THE STATE TO BE COUNTY OF DEATH Se. COUNTY OF DEATH SE. COUNTY OF	rn, N.C
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RESIDENCE OF DECEPENT 10a. STATE 10b. COUNTY Md. Prince Georges Marlow Hgts. 10c. CITY, TOWN OR LOCATION Md. Prince Georges Marlow Hgts. 10c. STREET AND NUMBER 3940 Bexley Place #814 11. MARITAL STATUS 11 Never Married 2 Married 12. WAS DECEDENT FER IN U.S. ARMED 15 Never Married 2 Married 16 Never Married 2 Married 17 Never Married 2 Married 18 Nover Married 2 Married 19 Never Married 2 Married 10 Never Married 2 Married 10 Never Married 2 Married 10 Never Married 2 Married 11 Never Married 2 Married 12 Never Married 2 Married 13 Midowed 4 Divorced 15 DECEDENT'S EDUCATION (Specify: Black 16 NOTHER'S NAME (First, Middle, Last) Willie W. Frink 16 NOTHER'S NAME (First, Middle, Maiden Sumanne) 17. FATHER'S NAME (First, Middle, Last) Willie W. Frink 18 NAMILING AOORESS (Street and Number or Rural Fourte Number, City or Town, State, Zip Code) 20 Married 2 Cremetion 3 Removel from State 4 Donetton 5 Other (Specify: Committing) or other place) 21. NAM CORPS 1 10 10 10 10 10 10 10 10 10 10 10 10 1	DE CITY S? -2 NO
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106. STREET AND NUMBER 3 9 4 0 Bexley Place #814 11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 2/ NO IF YES, OIVE WAR OR DATES 13. WAS DECEDENT OF HISPANIC ORION? (Specify Yes or No-Porces? 1 Yes 2/ No If Yes X (X No Specify: Black White, etc. Specify: Black White, etc. Specify: Black White, etc. Specify: Black 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16. NOTHER'S NAME (First, Middle, Last) Willie W. Frink 16. MOTHER'S NAME (First, Middle, Maiden Surmame) Willie W. Frink 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State Zip Code) 20a, METHOD OF DISPOSITION 1 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 109. CITIZEN OF WHAT COUNTING 13. WAS DECEDENT OF HISPANIC GRION? (Specify Yes or No-If Hyes, apecity Cuben, Maxican, Puerto Rican, etc.) 14. RACE — American Hispanic Orion? (Specify: White, etc. Specify: Black White, etc.) 15. WAS DECEDENT OF HISPANIC GRION? (Specify: White, etc.) 16. MOTHER'S NAME (First, Middle, Maiden Surmame) 16b. KINO OF BUSINESS/INDUSTRY 16b. KINO OF BUSINESS/INDUSTRY 16c. MOTHER'S NAME (First, Middle, Maiden Surmame) 17. FATHER'S NAME (First, Middle, Maiden Surmame) 18b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State 2 Code) 20a, METHOD OF DISPOSITION 1 MB Buriel 2 Cremetion 3 Removal from State 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	
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21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY	
Mammaria C W = 1 C 1	
Morrow & Woodford Funeral Home	
1622 11th St, N.W. Wash. D. C. 20001	1
	roximate rval Between
IMMEDIATE CAUSE (Final disease or condition	et and Death
resulting in death) a. Separa intermediation willing willing	
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Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):	
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M 1 YES 2 NO	
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	
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BALTIMORE, N

ARVLAND 21215-0020
prof. of building physician.
At the purities for use as the burial-transit permit. Pages 1, 2, 3 should TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be minerally that the state of the sta

	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND /		RTMENT				MENT	AL HYGIEN		92	06211
	1. DECEDENT'S NAME (First, Middle, Last)								2. DA	TE OF DEATH			TIME OF OEATH
	MARY	REGINA	THO	MPSO	U				2 20 1992 1			1:45 A M	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		IF UNDER 1	YEAR	IF UNDER	24 HRS.	7. DA	E OF BIRTH			ACE (State or Foreign
	577-62-5558	1 M 2 VF	45	YRS.		DAYS	HOURS	MIN.	(Mc	orith, Day, Year)		Country)	
	Se. FACILITY NAME (If not institution, give a	treet and number)	45		9b. CITY, T	nww c	DE LOCATI	ON OF DE	_	-11-1947		Wash	ington, DC
Œ	Rt. 1, Box 366				_				-				
6	RESIDENCE OF DECEDENT					rya	antov	√n			Ci	narle	S
DIRECTOR	10e. STATE 10b. COUNTY				Y, TOWN OR	LOCAT	TION					10	d. INSIDE CITY
5	Maryland Charles				Bryan	tov	√n					1	LIMITS?
A	10s. STREET AND NUMBER					_	ZIP COD	E			10g. CITIZ		T COUNTRY?
EB	Rt. 1, Box 366						2	20716				US	А
FUNERAL	11. MARITAL STATUS		IT EVER IN U.S. AR		13. W	S DEC	ENDENT (OF NISPAN	IIC ORI	GIN? (Specify Yee	or No-	14. RACE -	American Indien.
	1 Never Married 2 Merried		MAR OR DATES	МО				in, Mexica Specify		lo Rican, etc.)		Specify:	fille, atc.
ВУ	3 Widowed 4 Divorced	2000					X	ороси				opecity.	Black
	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. OE	CEDENT'S	USUAL OCC	UPATIO	ON st of world	na	- 3	6b. KIND OF BUS	SINESS/INDL	ISTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5		. Do NOT u	se retired.)								
MP	llth		Phy	ysica	al The	rar	y As	s't.		Priv	ate 1	Indus	try
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (Firs	t, Middle, Meiden	Sumame)		
BE	James K.	Proctor						Ι	orc	thy E.	Savoy	7	
2	19a. INFORMANT'S NAME (Type/Print)		19	b. MAJLING	AOORESS (Street e	nd Number	r or Rural F	Route No	imber, City or Town	n, State, Zip (Code)	
	Dennise M. Thompson 8 Riverview Ct. Apt. 102 Laurel, Md. 20707									0707			
	20b. METHOD OF DISPOSITION 1 Ty Burdal 2 Cremation 3 Removal from State 4 Donation 6 Other (Specify) Kernel Cremation 7 Other (Specify) Kernel Cremation 8												
	21. SIGNATURE OF PUNERAL SERVICE LIQENSEE 22. NAME AND ADDRESS OF FACILITY												
	George P. Kalas Funeral Home 6160 Oxon Hill Rd. Oxon Hill, Md. 20745												
	23. PART I. Enter the diseases, or o	complications the	t caused the de	ath. Do	not enter ti	ne mo	de of dy	ing auc	T L	ardiac or resol	retory erre	, Md	Approximate
	shock, or heart feliure.	List only one cer	use on each line).			ac c. c,	iiig, ado.		ardiac or reap	ratory arre	 ,	Interval Between
	iMMEDIATE CAUSE (Final disease or condition	1-10		9				1	-61		Onset and Death		
	disease or condition								1 Month of 7				
_	Motostos to Pour Reason										j		
CERTIFICATION	DIJE TO (OR AS A CONSEQUENCE OF).												
\rightarrow	if any, leading to immediate cause. Enter UNDERLYING												
Ĕ	CAUSE (Disease or injury that initiated eventa	DUE TO	(OR AS A CONSE	OUENCE O	f):								
F	resulting in death) LAST	d.:											
	DART II Onto a localita da constituida de alla de											_	
¥	PART II. Other significent condition	a contributing to	deeth but not i	resulting	in the unde	erlying	g cause	given in	Part i.	24a. WAS AN PERFOR		-	RE AUTOPSY FINDINGS AILABLE PRIOR TO
ă										1 TYES 2	75 NO		MPLETION OF CAUSE DEATH?
¥												11	YES 2 NO
ä													/
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:			EATN (Che					
YS	1 TES 2 NO	1 Inpetient 2	ER/Outpatient 3	□ DOA	4 🗆 Nursin	g Nom	5 [XR	esidence	8 🗆 0	ther (Specify)			
PART II. Other significent conditions contributing to death but not resulting in the conditions contributing to death but not resulting in the conditions contributing to death but not resulting in the conditions contributing to death but not resulting in the conditions contributing to death but not resulting in the conditions contributing to death but not resulting in the conditions contributing to death but not resulting in the conditions contributing to death but not resulting in the conditions contributing to death but not resulting in the conditions contributing to death but not resulting in the conditions contributing to death but not resulting in the conditions contributing to death but not resulting in the conditions contributing to death but not resulting in the conditions contributing to death but not resulting in the conditions contributing to death but not resulting in the conditions conditions contributing to death but not resulting in the conditions co							URY AT		28d. C	ESCRIBE HOW II	NJURY OCCI	JRED	
2 Accident Investigation													
								e Number,					
삨													
I I	29a. CERTIFIER (Check only one)												
COMPLETED	2 MEDICAL EXAMINE	R: On the basis of e	xemination and/or	Investigation	on, In my opi	nlon, d	eath occu	red at the	time, d	ate and place, en	d due to the	cause(e) er	nd menner ee stated.
BE	290. SIGNATURE AND TITLE OF CEMPTER	8/ 2						ENSE NUN			28d. DATE	PIGNED IM	orth, Day, West
	House 5/16	sterla					DZ	032	2		12	20/9	12
임	30. HAME AND ADDRESS OF PERSON WH	O'FOMPLETED CAU	SE OF DEATH //TE	M 271./Tem	Elekati						_		

Katzen M.D. 8926 Woodyard

32. REGISTRAR'S SIGNATURE

1992 Julia Davidson-Randske

Harvey I.
31. DATE FILED (Month, Day,

FFR 21 1992

DNMN-18 Rev 1/89

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as the burial-transit permit. Pages 1, 2, 3 should

ment of mending physician.

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DIVISION OF VITAL RECORDS, T.O. BOX 301 30,	death	atte	ıı,
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5	that	th ar	any
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	1	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be the filed within 72 hours after death with the State Dent, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at one
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Gragory

FEB 1

1992

	FOR 1 - STATE - REGISTRAR	STATE OF MARYLA		IMENT OF H		IENTAL HYGIEI		062	15	
1	1. DECEDENT'S NAME (First, Middle, Last)	Orris H	. Talbot		DEATH	2. DATE OF DEATH		3. TIME OF DEAT		
	233-26-6931	1XX M 2 🗆 F	n yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 11 28 1	920 V	6. BIRTHPLACE (State or Fo Country) Vest Virgin		
TOR	9a. FACILITY NAME (If not institution, give street Greater Laurel Be		spital	Laurel	R LOCATION OF DEA	ry of DEATH				
DIRECTOR	Maryland Anne Arundel 106. CITY, TOWN OR LOCATION Laurel									
FUNERAL	333 Brock Bridge R	load			ZIP CODE 0724		10g. CITIZEN OF WHAT COUNTRY?			
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, spe	ENDENT OF HISPANI city Cuben, Mexican 2 NO Specify:	C ORIGIN? (Specify Yo, Puerto Ricen, etc.)	ea or No—	14. RACE — American Indi Black, White, atc. Specify: Whit		
COMPLETED	the state of the s	Ompleted) College (1-4 or 6+)	life. Do NOT use	rork done during mo: a retired.)	t of working	166. KIND OF BI		JSTRY		
	12 0 X-Ray Supervisor D.C. General Hospital 17. FATHER'S NAME (First, Middle, Leat) 18. MOTHER'S NAME (First, Middle, Meiden Surreme) Demora Messenger									
TO BE	19a. INFORMANT'S NAME (Type/Print) Margaret Lee Talbo					Laurel,		Code) 0724		
	20e. METHOD OF DISPOSITION 1. Suriel 2 Cremation 3 Remov	20b	. PLACE AND DATE	OF DISPOSITION		DATE 20c. L	OCATION — C	- City or Town, State Id, Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LICEN	HU	Jimgton	²FYECK	Funerat	Home, IN	С.		07	
	23. PARV I. Enter the diseases of Co ahock, or heart feture. Li IMMEDIATE CAUSE (Finsi disease or condition	mplications that courses st only one cause on a	the death. Do n	ot enter the mo	de of dylng, such	es cardiec or res	piratory sm	Approximinterval B	Between	
CERTIFICATION	a									
_	PART II. Other significant conditions	contributing to death b	ut not resulting i	n the underlying	g cause given in i		N AUTOPSY ORMED? 2 NO	24b. WERE AUTOPSY F AMAILABLE PRIOR COMPLETION OF OF DEATH?	CAUSE	
AN: M								1 YES 2	NO	
PHYSICIAN: MEDICA	1 TES 2 NO	HOSPITAL:		OTHER: 4 Nursing Hom	ACE OF DEATH (Che	6 Other (Specify)				
ВУ	1 Netural 6 Pending (Month, Day, Year) INJURY WORK? 2 Accident Investigation 3 Suicide Could at the 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f.							or Rural Route Number,	3	
COMPLETED	one) 2 MEDICAL EXAMINER	IAN: To the best of my know: On the beele of axamination	riedge, death occurre				enner ee state		stated.	
TO BE	29b. SIGNATURE AND LITTLE OF CENTIFIER 30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) /Sma	Print	DZ494	IBER	29d. DATE ▶ Z	SIGNED (Month, Day, Year,		

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

Sulia Savidson-Randelle

To proposition !

FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	HEGISTRAR		CER	THE	CALE	UF	DEAL	Н	F	REG. NO.				
	DOWNER APPORT TEACHOUT CONTRACT YEAR										3. TIME OF OEATH 7:26 A M			
	4. SOCIAL SECURITY NUMBER	T	E (In yrs. last bi	Irthday)	IF UNDER		YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH					8. BIRTH	IPLACE (State or Foreign	
	134-16-6100	$34-16-6100$ $1 \boxtimes M 2 \square F$ 76 YRS. MONTHS DAYS HOURS MIN. Jan. 17,							7, 1	916	New	York		
	9s. FACILITY NAME (If not institution, give a	street and number)			9b. CITY,	TOWN C	R LOCATIO	ON OF DEA	ATH		9c. COU	INTY OF D	EATH	
DIRECTOR	Doctors Community Hospital				Las	rham	1				Pri	nce	George	
<u> </u>	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Y		10c. CITY	. TOWN O	R LOCAT	ION						10d. INSIDE CITY	
						TY, TOWN OR LOCATION TRACUSE					LIMITS?			
FUNERAL	100. STREET AND NUMBER 217 Cloveridge D	rive			101. ZIP CODE 13207						10g. CITIZEN OF WHAT COUNTRY? U.S.A.			
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 1 1 YES 2 1 NO				13. WAS DECENDENT OF HISPANIC ORIGIN? (Specific figures, specify Cuban, Mexican, Puerto Rican, etc.)					pecify Yes	or No-	14. RACE	- American Indian,	
BY	1 Never Married 2 Married 3 WWIldowed 4 Divorced FORCES? 1 X YES 2 NO IF YES, GIVE YER OR DATES WW						2X NO			n, etc.)		Black, White, etc. Specify: White		
	15. OECEDENT'S EOU (Specify only highest grade		16a, OECEI (G/ve	kind of w	ork done o	CUPATIO	ON st of working	0	16b. KIN	ID OF BUS	INESS/IN	DUSTRY		
4	Elementary/Secondary (0-12)	College (1-4 or 8+)	Illa. Do	NOT use	e retired.)						٠.			
COMPLETED	8 17. FATHER'S NAME (First, Middle, Last)		Truc	CK L	rive	er	line recover					yracı	use	
	Jerome Teachout								E (First, Middl Bishop		Sumame)			
) BE	19a. INFORMANT'S NAME (Type/Print)		19b. M	AILING	ADDRESS	(Street a			oute Number, C		, State, Zip	p Code)		
5	Donald A. Teachou	t, Jr.										lale,MD 20769		
	20e. METHOD OF DISPOSITION XXBuriel 2 Cremation 3 Removal from State 4 Donation 5 Other (Speedy) 20b. PLACE AND DATE OF DISPOSITION (Name of cemplary, crematory or of the place) COLL amer Cemetery Feb. 11, 1992 East Syracuse, New York													
	22. NAME AND ADDRESS OF FACILITY Traub Funeral Home													
\dashv	22 PART ()	. /		_					eport,				030	
	23. PART . Enter tife diseases, or ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Bila	tera	0	0)	len			or respir	ratory an	rest,	Approximate Interval Between Onset and Desth	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that intilleted events) Oue TO (OR AS A CONSEQUENCE OF): Oue TO (OR AS A CONSEQUENCE OF): Oue TO (OR AS A CONSEQUENCE OF):													
ERTIF	that initiated events resulting in death) LAST	d.	S A CONSEQUE	NCE OF):									
	PART II. Other significent condition	s contributing to desth	but not resu	ulting li	n the un	derlying	ceuse g	iven in P	ari i. 24s	. WAS AN		24b.	WERE AUTOPSY FINDINGS	
EDICAL		adeno Car								PERFORI			AMAILABLE PRIOR TO COMPLETION OF CAUSE	
MED	Colon Carcinoma 1 YES 21/2 NO OF DEATH?													
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL	<u> </u>				26 PH	ACE OF DE	ATH OLD						
200	EXAMINER?	HOSPITAL:	ulantlant 2 🗆	204	OTHER	:			ck only one)					
¥	27. MANNER OF DEATH	inpatient 2 ER/O		Sb. TIME		Ing Home			Other (Sp 28d. DESCRIE		HIBY OC	CUBED		
ВУ Р	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year		INJU		WO	RK? 'ES 2		20d. DESCHIE	DE NOW IN	JUNI OCI	CORED		
COMPLETED	3 Suicide 8 Could not be determined	28s. PLACE OF INJU building, etc. (S)	RY — At homa, pecify)	, ferm, st	reet, facto	ory, office	1		28f. LOCATIO City or To	N (Street ar wn, State)	nd Number	or Rural R	loute Number,	
21	29a, CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my known	owledge, death	occurre	d at the tir	me, data	and place,	and due to	o the cause(a) and man	ner as stat	ted.		
8 0		R: On the basis of examinar) and manner as stated.	
H	29b. SIGNATURE AND TITLE OF CERTIFIES							NSE NUME				E SIGNED	(Month, Day, Year)	
٩	30. NAME AND ADDRESS OF PERSON WHE	O COMPLETED CAUSE OF	DEATH (LTEM 27	T) (Type_	Print)	MI	n -)	7/6			117		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	GNATURE		-/	, 01) 0	0	116					
	EED 4	Lika Davidson-D												

by the hospital or attending physician. It be detached for use as the burial-transit permit. Pages 1, 2, 3 should

fled at once.

RYLAND 21215-0020

BALTIMORE, MA

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directive filed within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must

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many and the state of the

15-0020	ending physician.	the burial-transit permit. Pages 1, 2, 3 should	
BALTIMORE, MARYLAND, 21215-0020	ours after death. Page 6 may be retained by the hospital or a	d in by the funeral director, page 5 should be determined for temoral.	medical examiner must be notified at once
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be determined to buriat-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hypiene prior to buriat, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTAL HYGIE				
	1. DECEDENT'S NAME (First, Middle, Last) NELLIE	LUCILE T	ENNES			2. DATE OF DEATH MONTH		3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 212-24-4441	6. SEX 1 M 2 X F 87		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Sept. 22	8.	BIRTHPLACE (State or Foreign Country)		
TOR	9a. FACILITY NAME (If not institution, give stru Holy Cross Hospita RESIDENCE OF DECEDENT									
DIRECTOR	10e. STATE 10b. COUNTY	George's		tsvill		10d. J				
FUNERAL	10. STREET AND NUMBER	100	1		ZIP CODE		1 XXYES 2 □ NO OF WHAT COUNTRY?			
NEF	3203 Nicholson Str				20782		d States			
84	1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR D.	2 NO	If yes, spe	ENDENT OF HISPA city Cuben, Mexic 2 NO Speci NO	RACE — American Indian, Black, White, etc. Specify: hite				
COMPLETED	15. OECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use rec	done during mos ired.)	N t of working		USINESS/INDUST			
JMP	12 17. FATHER'S NAME (First, Middle, Leat)	2	Housewife				Home			
S	William Francis Da	1y »				Ame (First, Middle, Maidle Anna Culp				
TO BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADI	DRESS (Street or		Route Number, City or To		ie)		
F	Raymond C. Tennes					, Hyattsv	ille, M	d. 20782		
	20e. METHOD OF DISPOSITION 1	at from State	PLACE AND DATE OF O etery, cremetory or other p Lincoln	SPOSITION (Ner	ne of		OCATION — City	Electrical and Control of the Contro		
	TILGERATURE OF PUNETIAL MENVICE CICE	Silver		FRANCI	GASCH		NERAL H			
	23. PART I. Enter the diseases, or co	mplications that ceused	tha death. Do not e	enter the mod	le of dying, aud	ch as cerdiac or res	piretory arreat,	Approximeta		
	IMMEDIATE CAUSE (Final disease or condition resulting in death)		BHOOM					Interval Between Onset and Death		
Z	5		CONSEQUENCE OF:	CP	NCEN			amo		
CATIC	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A	CONSEQUENCE OF):			1				
CERTIFICATION	that initiated events resulting in deeth) LAST OUE TO (OR AS A CONSEQUENCE OF):									
AL.	PART il. Other algnificant conditions	contributing to deeth b	ut not resulting in th	na underlying	cause given in		N AUTOPSY DRMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?		
PHYSICIAN: MEDIC								1 TES 2 NO		
ICIA		HOSPITAL:		HER:	CE OF DEATH (C		· · · ·			
	27. MANNER OF CEATH 1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF		RK?					
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, street	t, factory, office		t end Number or R	ural Route Number,			
COMPLETED		AN: To the best of my knowl On the bests of examination						use(s) end menner es stated.		
8E	296. SIGNATURE AND TITLE OF CERTIFIER	D. hug			29c. LICENSE NU	MBER		ONED (Month, Day, Year)		
5	30. NAME AND ADDRESS OF PERSON WHO							L.		
	Stanley A. Schwart: 31. DATE FILED (Month, Day, 1987) 199	z, MD,5454 W	isc. Ave.	#835	Chevy C	hase, Md.	20815			
	120 == 100	0								



1	-	STATE REGISTRA	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG.	NO.		
	1. DECEDENT'S NAME (First, Middle, Lest)					2. OATE OF DEATH	DAY	9°57 3.	TIME OF DEATN
	BENJA								м
1		8. SEX 6. A	GE (In yrs. last birthday) 7 YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTN (Month, Day, Yea 4 19	, 1924	Country)	ACE (State or Foreign
/	9a. FACILITY NAME (If not institution, give stre	set end number)		96. CITY, TOWN	OR LOCATION OF DE	ATH	9c. COU	NTY OF DEAT	TN
NO.	NORTH ARUNDE	L HOSPIT	AL	GLEN	BURNIE		ANI	NE AF	RUNDEL
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10c. C/1	Y, TOWN OR LOC	ATION			10	od. INSIDE CITY
DIRECTOR		ARUNDEL		EVERN				1	LIMITS?
FUNERAL	100. STREET AND NUMBER 8587 PIONEER D	RIVE			01. ZIP CODE 21144		10g. CITI	U.S.	AT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2XXMerried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 1 Y IF YES, GIVE WAR O	ES 2 X X 0	13. WAS DI	CENDENT OF NISPAN specify Cuben, Mexice S X X NO Specify	n, Puerto Rican, etc.			American Indian, Yhile, atc.
	15. DECEDENT'S EDUCA		16a. DECEDENT'S	USUAL OCCUPAT	ION	16b. KIND OF	BUSINESS/INC		N O K
COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)		work done during reservations.)					
MPI			CONST	RUCTIO	N				
BE CO	17. FATNER'S NAME (First, Middle, Last) WILLIAM THOMA	S				ME (First, Middle, Ma ENIA BL	,		
	19a. INFORMANT'S NAME (Type/Print)				end Number or Rural				
2	ANNA THOMAS		8587	PIONE	ER DR. 1	SE	JERN,	MD.	21144
	20e, METHOD OF DISPOSITION 1 Strate 2 Cremetion 3 Remove	val from State	20b. PLACE OF DISPO	SITION (Name of c	emetery, crematory or	200	LOCATION —	Cify or Town	, Steta
	4 Donetion 8 Dother (Specify)	711 1111-1	HILL CR				ANNAPO	OLIS.	MD.
	21. SIONATURE OF FUNERAL SERVICE LICE	H D	ese		AND ADDRESS OF FA		JARY,	P.A.	
	23. PART i. Enter the diseases, or co								21401 Approximate
	shock, or heart faliere. L IMMEDIATE CAUSE (Finsi disease or condition resulting in death)	ist only one case o	n each line. C.EST (V	EH	EART :	FAI LUI			interval Between Onset and Death
TION	Sequentially list conditions, if any, leading to immediate		AS A CONSEQUENCE C		-T Pist	EAZE			
2	cause. Entar UNDERLYING CAUSE (Disease or injury	OUE TO (OR	AS A CONSEQUENCE O	NE).					
Ē	that initiated events reaulting in death) LAST	302 10 (01)	AS A CONSCOUNTED	Α,					
CEI		•							
EDICAL CERTIFICATION	PART II. Other significant conditions D. ASETER		th but not reaulting	in the underly	ing cause given in	PER	S AN AUTOPSY REFORMED?	A	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION OF CAUSE
	CANCER	A A	NCREA	3		_ ' ' '			F DEATH?
ž l									
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. OTHER:	PLACE OF DEATH (Ch	neck only one)			
YSI	1 YES 2 -110	1 Inpatient 2 - ER/		4 - Nursing H	ome 6 🗆 Residence	6 Other (Specify)			
	27. MANNER OF DEATH 1 Natural 5 Pending	(Month, Day, Ye		JURY	NJURY AT VORK? YES 2 NO	28d. DEŞCRIBE H	W INJURY OC	CURED	
BY	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF IN.	URY — At home, farm,			281. LOCATION (SE	reat and Numba	er or Rural Rou	ite Number
TED	3 Suicide 6 Could not be 4 Nomicide determined	building, etc.	(Specify)			City or Town,	itate)		
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYINO PNYSIC DESCRIPTION OF THE CONTROL OF	CIAN: To the best of my i							and manner as stated.
	296. SGNATURE AND TITLE OF CERTIFIER				29c, LICENSE NU	MBER	29d. DAT	TE SIONED (A	fonth, Day, Year)
3 BE	Zt/Mm/J	Atter	and		1021	176	▶ 2	2/17/	92
0	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF 2013	E-PATA	SCO A	r. BAC	71 M 01	re 1	Up.	21225
	31. DATE FILED B 18 1992	HI GISTIANS	IGNATU) BARANCE						

and the Jay

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1	FOR STATE REGISTI
	1. DECEDENT'S
	MARY
ľ	4. SOCIAL SEC
l	205-20
I	9a. FACILITY N
	SACRI
ŀ	RESIDENC
Ì	10a. STATE
١	PA

STATE OF MARYLAND / DEPARTMEN		TAL HYGIENE
CERTIFICAT	E OF DEATH	BEG NO

MEGISTRAN			ENTIF	CALE	OF DE	AI II	P	REG. NO.			
1. DECEDENT'S NAME (First, Middle, La. MARY	WELCH	VAI	NSICKL	E			2. DATE OF MONTH I	ARY 25	, 1992	3. TIME OF DEATH 01:30 M	
4. SOCIAL SECURITY NUMBER 205–26–9079	5. SEX	6. AGE (In yrs. I		IF UNDER 1	YEAR IF UNI	DER 24 HRS.	7. DATE OF I	ny, Year)	Countr		
9a. FACILITY NAME (If not institution, give		00			OWN OR LOCA				MArkelysburg		
SACRED HEART H				CUMBERLAND, MD. A					ALLEGANY		
SACRED HEART H RESIDENCE OF DECEDENT 100. STATE 100. COU PA Faye				town on kley	sburg	PA.	15459		10d. INSIDE CITY LIMITS? 1 🖾 YES 2 🗌 NO		
10e. STREET AND NUMBER Rt. 281 S. 11. MARITAL STATUS 11. Mayer Married 2 Married						9		10g.	10g. CITIZEN OF WHAT COUNTRY? USA		
3 Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	T EVER IN U.S. A YES 2 T	NO	if y	S DECENDENT es, specify Cu YES 2 N	ban, Maxici	an, Puarto Ricar	pecify Yes or No n, atc.)			
15. OECEDENT'S E (Specify only highest gri Elementary/Secondary (0-12) 8 17. FATHER'S NAME (First, Middle, Last)	de completed)		DECEDENT'S U Give kind of wo fe. Do NOT use	ork done dur	UPATION ing most of wo	king	16b. KIN	ID OF BUSINESS	S/INDUSTRY	White	
8	College (1-4 or 5	1)	rses A				Nur	sing			
17. FATHER'S NAME (First, Middle, Last) Andrew J. Welch							B. Tho	le, Maiden Surnan DMAS	ne)		
198. INFORMANT'S NAME (Type/Print)								City or Town, State			
Lois Thomas 20a. METHOD OF DISPOSITION 1 \$\igcup\$ Burlel 2 \$\igcup\$ Cremetion 3 \$\igcup\$ Rights \$\igcup\$ Righ	mount from State	20b. PLACE	EANDDATEO	DISPOSITI		iends	SVILLE,	Md. 2		wn, State	
4 Donation 6 Other (Specify)		Thoma	rematory or oth S Cem		ME AND ADDE		/28/92			g Pa 15459	
Vauntle	were Des	10701						. Hm Bo:	x 81 M	Markleysburg	
shock, or heert feltur IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	s. Pert	- 17	P (Vate	imo	failm					Interval Between Onest and Death Clays days	
PART II. Other eignificent condition Acute As to		dooth but not	reaulting in	the unde	rlying couce	given in	200	. WAS AN AUTOP PERFORMED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	26. PLACE OF	DEATH (Ch	eck only one)				
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	26a. DATE OF	INJURY		OF 26	c. INJURY AT WORK?	Residence	6 Other (Spi 28d. DESCRIE	BE HOW INJURY	OCCURED		
3 Suicide 6 Could not b	28e. PLACE O building,	F INJURY At h atc. (Specify)	ome, farm, str	eet, fectory,	, office		28f. LOCATION City or Tox	N (Street and Nur wn, State)	mber or Rural R	oute Number,	
3 Suicide 6 Could not b determined 29e. CERTIFIER (Check only 079) 2 MEDICAL EXAMI	SICIAN: To the best of NER: On the basis of a	my knowledge, d	esth occurred	at the time	, data and plac	a, and dua	to the cause(s)	and manner as	atsted. to the cause(s)	and manner as stated.	
29b. SIGNATURE AND TITLE OF CERTIF	ER D	Inc				SENSE NUA		29d.	~ /	(Month, Day, Year)	
30. NAME AND ADDRESS OF PERSON V								NID MAD	2/ 2.	7 / -	
DR. SUNIL GUPTA 31. DATE FILED (MORTH, Day, Year) 1002		MUKLAL R'S SIGNATURE LOON-ROND		ML DU	TUTING	, CU	FIDERLA	MU, MAN	TTWUD	21302	
MAR 4 1992	A MANUAL PROPERTY	mi -1 /- 10									

s after death. Page is may be recommended to spiral or attending physician.	 by the funeral director, page to strengt to densite for use as the burial-transit permit. Pages 1, 2, 3 st temporal. 	dical examiner must be notified it once.	TO BE COMPLETED BY CINEBAL DIDE
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may receive a may require the incoming physician.	TO THE FUNERAL DIRECTOR: After this cardificate has been signed by the attending physician and completely filled in by the funeral director, man is of mand the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notilitier at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

			AHTLAN	ID / DEPAI CERTIF					MENT	REG. NO.	_	92	06220
1. DECEDENT'S NAME (Firs	, Middle, Last)					-				TE OF DEATH			3. TIME OF DEATH
8		Cora Ra	chae	1 Van	deva	nde	r		Fe	b. 23	19	9ZEAR	10:42A
4. SOCIAL SECURITY NUM			. AGE (In y	rs. last birthday)	IF UNDER	DAYS	IF UNDER		7. DA	TE OF BIRTH			PLACE (State or Foreign
234-96-53		1 □ M 2 😾 F	84	YRS.	MONTHS	DAYS	HOURS	MIN.		n.8. 1	908		arm n. WV
9a. FACILITY NAME (If not i					9b. CITY		OR LOCATI		HTA	1	9c. COU	NTY OF D	
Garrett (ounty	Mem. H	ospi	tal		Oak	clan	d			(Gari	rett
10a. STATE	10b. COUNTY			10c. CIT	Y, TOWN	OR LOCA	TION						10d. INSIDE CITY
WV.	Tu	cker			Thon	nas.						1	LIMITS?
10e. STREET AND NUMBER							. ZIP CODI	E .			10g, CIT	IZEN OF W	THAT COUNTRY?
Rt. 1,	Box	98					26	292					SA
11. MARITAL STATUS		12. WAS DECEDENT			13.	WAS DEC	ENDENT C	F HISPAN	IIC ORK	GIN? (Specify Yes	or No-	14. RACE	- American Indian
1 Never Married 2 3 Widowed 4 Dive		FORCES? 1 FYES, GIVE WAI					ecify Cuba 2 XNO			to Rican, etc.)		Black Speci	, White, atc.
								= 1112.			[White
(Specify on	EDENT'S EDUC y highest grade o	ATION completed)	16	 DECEDENT'S (Give kind of 	work done	during mo	ON st of working	g	1	6b. KIND OF BUS	INESS/INC	DUSTRY	
Elementary/Secondary (1-12)	College (1-4 or 5+)		ille. Do NOT u							TTax		
17. FATHER'S NAME (First, N	iddle Leet				Home	mak					Hor	ne	
		Dugger					16. MOTE			t, Middle, Malden			
19a. INFORMANT'S NAME (249901	-	10h MARING	ADDRES	0.40		1	TOT	lie Ha	rpe	r	
Helen S		ole		Rt.						Storm			26739
20a METHOD OF DISPOSIT	ION		20h PI	ACE AND DATE						20c. LO			
t ♣ Burial 2 ☐ Crematic 4 ☐ Donation 5 ☐ Other	(Specify)	val from State	cemeter	v ande	ther place	er	Ceme	ter	7 9"				
21. SIGNATURE OF FUNERA		NSEE /	_	V 04140			D ADDRES			11	STIME	an,	WV.
	1/1	191	1		H	link	le I	une	ra	1 Home			
23. PART I. Enter the d	u/K	Jon	K &	-	E	OX	186	Da	vi.	s, WV.		2626	0
shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)	al	. acute pr	on aach	lina.		THE INC	au oi uyi	ng, suci		rulac or respi	ratory sri	rest,	Approximate interval Between Onset and Dasth 3 hours
Sequantially list condit if sny, leading to imme cause. Enter UNDERLY. CAUSE (Disease or inju- that initisted events resulting in death) LAS	ons, dlate NG ry	Valvular DUE TO (O	hea R AS A CO		ease	wit	h co	nges	tiv	e heart	fai	lure	years
PART II. Other algolitics	nt conditions	contribution to d	ath had -	and an addition		-711.7							
mild demen					in the un		g cause g	Iven in i		1 YES 2	MED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO	MEDICAL					26. Pt	ACE OF OR	ATH /Cha	ck onk-	onel			
EXAMINER?		HOSPITAL:	R/Outpatie	M 3 🗆 DOA	OTHER	3:							
27. MANNER OF OEATH		26a. OATE OF IN	JURY	28b. TIM		26c. INJ		Hoenca (her (Specify) ESCRIBE HOW IN	LILIBY OC	CIBED	
	Pending nvestigation	(Month, Day,	Year)		URY M	WO	RK?	NO		TANHOE HOM IN	JUNI OUL	JONED	
			NJURY /	At home, farm, a	Kreet, fect			-	261. LC	OCATION (Street as by or Town, State)	nd Number	or Rural R	pute Number,
Accident 3 Suicide 6	Could not be	26s. PLACE OF I building, ato	, ,										
Accident 3 Suicide 4 Homicide 29a. CERTIFIER (Check only	Could not be sets the sets of	AN: To the best of my	knowledg	e, death occurre	d at the ti	lme, date	and place,	and due t	to the c	ause(s) and mani	ner sa stat	ed.	
Accident 3 Suicide 4 Homicide 29a. CERTIFIER (Check only	Could not be sets the sets of	AN: To the best of my	knowledg	e, death occurre	n, in my o	lme, dete pinion, d	and place,	and due t	lo the c	ause(s) and mani	ner sa state	ed. e cause(s)	and manner as stated.
Accident 3 Suicide 4 Homicide 29a. CERTIFIER (Check only	Could not be letermined IFYING PHYSICI CAL EXAMINER:	AN: To the best of my	knowledg	e, death occurre	n, in my o	lme, date pinion, d	and place, eath occurs 29c. LICE	d at the t	lme, da	ause(s) and mani	I due to the	e cause(s)	
Accident 3 Suicide 4 Homicide 29a. CERTIFIER (Check only one) 2 MEOI 29b. SIGNATURE AND TITLE	Could not be determined IFYING PHYSICI CAL EXAMINER: OF CERTIFIER	IAN: To the best of m	knowledge	d/or investigation	n, In my o	lme, date	29c. LICE	NSE NUM	lme, de BER	ause(s) and mani	29d. DATE	e cause(s)	(Month, Day, Year)
Accident 3 Suicide 4 Hemicide 29a. CERTIFIER (Check only one) 2 MEOI	Could not be determined IFYING PHYSICI CAL EXAMINER: OF CERTIFIER	IAN: To the best of m	knowledge	d/or investigation	n, In my o	ime, date	29c. LICE	d at the t	lme, de BER	ause(s) and mani	29d. DATE	e cause(s)	(Month, Day, Year)
Accident 3 Suicide 4 Hemicide 29a. CERTIFIER (Check only one) 2 MEOI 29b. SIGNANUM AND TITLE	Could not be detarmined IFYING PHYSICI CAL EXAMINER: OF CERTIFIER PERSON WHO SET, M	AN: To the best of my con the best of axen	knowledge bination and CLLL DF DEATH	(ITEM 27) (Type,	n, In my o	pinion, d	29c. LICE	nse numi	lme, de BER	ause(s) and mani	29d. DATE	e cause(s)	(Month, Day, Year)

DHMH-16 Rev 1/89

92 96220

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Mingary a Harry M.

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

BOX 68760,	
BOX	
P.O.	
RECORDS,	
REC	
VITAL	
1 OF	
VISION	

		SAMK	MIE	le	NTCH	YER		02	18	92 5:1		
		4. SOCIAL SECURITY HUMBER	5. SEX	6. AGE (In yrs. les	MON	NDER 1 YEAR	IF UNDER 24 HRS	100 a at 1		8. BIRTHPLACE (S Country)		
THE STATE OF		9a. FACILITY HAME (If not institution, give sti	1 []2 M 2 F	82	YRS.		2000	FEBRU	ARY 24, 1969	VIRGI		
1)	DIRECTOR	SOUTHERN MARY RESIDENCE OF DECEDENT	LAND ,	HOSPIT		CITY, TOWN	CLIN7			NCE 6£		
A STATE OF THE PARTY OF THE PAR	REC	10a. STATE 10b. COUNTY	0		10c. CITY, TO	WN OR LOCA	ТЮН			10d, JHS		
permit. P		MARYLAND PRINC	ON		181							
75	FUNERAL	12604 PIREST	4	10g. CITIZEN OF WH								
v1215-0020 or attending physician.	B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Ovorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 4	MED 10	If yes, s	CENDENT OF HISI pecify Cuban, Max 8 2 NO Spe	ican, Puerto Ric	(Specify Yes or Ho— an, etc.)	14. RACE — Amer Black, White, is Specify: Bu		
	ETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATIOH completed) College (1-4 or 5 d	(G	CEDENT'S USUA tive kind of work of Do NOT use retir	tone during m	IOH ost of working	16b. K	IND OF BUSINESS/IH			
ND hospitz	COMPLET	17. FATHER'S HAME (First, Middle, Last)			RPEN	ren	T	20	ELF EM	PLOYED		
Z 2 2 1	1	SAMUEL K.	WITCH	ER				NAME (First, Mid	KOBINSO	N		
≥ 5 5 5	5	19a. INFORMANT'S HAME (Type/Print)	Deptt			RESS (Street		attento di .	City or Town, State, Zig			
'IMORE, Page 6 may be Il director, page		20a. METHOD OF DISPOSITION 1 Devial 2 Cremation 3 Ramo	wat from State	20b. PLACE	AHD DATE OF DIS	SPOSITIOH /	lame of	DATE		City or Town, State		
h. Page 6		4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE	EHSEE , /	UVITE	HER F	HMILY	CEMET		11113	VILLE,		
SALT death.		· Belle State	on Hu	Shew		GRE	ENE /	ENER	on HOHE	LEXAND		
# > E		23. PART I. Enter the diseases, or cashock, or heart failure. L	omplications tha	t coused the de	eath. Do not e				c or reapiratory and	reat, Ap		
tely fille mation,		IMMEDIATE CAUSE (Finel disease or condition resulting in death)		GES7		C	ARDI	omye	PATHY.	Int Or		
68760, ecuted within nd completely burial, cremati			_	(OR AS A CONSE	QUEHCE OF):	2000	v 7.10	TN0				
ficate be executed physician and come prior to burial, and trainmatte and the prior to burial, and trainmatte and the prior to burial, and trainmatte and the prior to burial, and the prior to buri	CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING b. CO PON ARY ARTERY DISEASE DUE TO (OR AS A CONSEQUENCE OF):										
P.O. the certification of the	CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSEC	DUENCE OF):							
D S D S		PART II. Other aignificent conditions	contributing to	death but not r	eeuiting in the	e underlyir	ng ceuse given	in Part I. 2	4a. WAS AN AUTOPSY	24b. WERE AL		
signed by Health an	응	CARDIOC	- BRA	24THM	iA			¹	PERFORMED?	OF DEAT		
	ä											
上午 章章		25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ČER/Outpatient 3		HER:	LACE OF DEATH (Second 1			
PHYSICIAN: this certifical with the St	¥	27. MANNER OF DEATH	28a. DATE OF (Month, D.	IHJURY	28b. TIME OF	28c. IH	JURY AT	1	RIBE HOW INJURY OC	CURED		
ON ON OING PHYS After this death with	ВУ	2 Accident 5 Pending Investigation	(110111)		11100111		YES 2 HO					
ISIC TTENOI TTOR: A after de	TED	3 Suicide 8 Could not be determined	26s. PLACE O building,	F IHJURY — At ho atc. (Specify)	me, farm, street.	, factory, offi	CB	281. LOCATI City or	ION (Street and Number Town, State)	or Rural Route Num		
DIV L OR A DIREC Hours	PLET	29a. CERTIFIER Check only	CIAN: To the best of	my knowledge, de	ath occurred at	the time, dat	and place, and d	us to the cause	(s) and menner as elect	red.		
HOSPITAL FUNERAL within 72									nd place, and due to th			
THE HOSPI THE FUNEF filed within	JE C	296. SIGNATURE AND TITLE OF CERTIFIER	N V	_			20c. LICEHSE H	UMBER		E SIGNED (Mont), D		
553	0 8	Dest		<u> </u>			1)2	828	1 12	-1180		

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED (MONTH, Day, Your) 9 1992 32. REGISTRANTS SIGNATURE FEB 19 1992 32. REGISTRANTS SIGNATURE OF PRINCIPLE

ZITTE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

WITCHER

92 06221

3. TIME OF DEATH

5:12 A

10d. IHSIDE CITY LIMITS? 1 TES 2 NO

8. BIRTHPLACE (State or Foreign Country)

PRINCE GEORGES

10g. CITIZEN OF WHAT COUNTRY?

14. RACE — American Indian, Black, White, etc. Specify: BLACK

2. DATE OF DEATH DAY 02 /8

Street and Number or Rural Route Number, City or Town, State, Zip Code) TWICH FT. W45141NS TON MD	20744	
OH (Name of DATE 20c. LOCATION - City or Town, 1) LY CEMETERY 2/22/92 PITTS VILLE		
ME AND ADDRESS OF FACILITY REFERENCE FUNCTION HOME 14 FRANKLIN ST. PRESAN	DRIA VA	
CARDIO MYO PATHY	Approximate Interval Between Onset and Death	
BY DISEASE		
PERFORMED? AVAI 1 YES 2 NO OF 1	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO	
26. PLACE OF DEATH (Check only one)		
g Home 5 Realdence 6 Other (Specify)		
IC. IHJURY AT WORK? 1 YES 2 HO		
, offics 26t. LOCATION (Street and Number or Rural Route City or Town, State)	Number,	
e, dats and place, and due to the cause(s) and menner as stated.	menner as stated.	
29c, LICEHSE HUMBER 29d, DATE SIGNED (Mor.	Oay, War)	
TODYALD for CLINTON,	420135	
,		
	OHMH-18 Rev 1/89	



NELSON B

B 2

12850 30

William F.	White							2-13	0.2			
4. SOCIAL SECURITY NUMBER		AGE (in yrs. last	birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF	BIRTH		8. BIRTH	PLACE (State or Foreign
204-32-9109	1 😾 M 2 🗆 F	50	YRS.	MONTHS	DAYS	HOURS	MIN.	6-18-			Country	V)
9e. FACILITY NAME (If not institution, give	atreet and number)	50		9b. CITY	. TOWN (OR LOCATI	ON OF DE		-1941	9c. COUN		land
Greater Laurel-Be	eltsville H	ospita	1	Lau								eorge's
10a. STATE 10b. COUNT	ſΥ	1	10c. CIT	ry, rown o	OR LOCAT	TION						10d. INSIDE CITY
Maryland Prince	e George's		Sea	broo	1 _r							LIMITS?
10e. STREET AND NUMBER	c ccorge B		DCa	DIOU	-	ZIP COD				10a. CITIZ	ZEN OF W	HAT COUNTRY?
10109 Palamar Dri	ivo					20706						
11. MARITAL STATUS	12. WAS DECEDENT EV	ER IN U.S. ARM	IED	13.			F HISPANI	C ORIGIN? (Specify Yea			States
1 Never Married 2 X Married	FORCES? 1 T	YES 2 NO	0		If yes, sp	ecify Cube	n, Mexican	, Puerto Rice	en, etc.)	0.100		- American Indian, White, atc.
3 Widowed 4 Divorced	12/63-				I L YES	2 X NO	Specify:				Specif	White
15. DECEDENT'S EDU	UCATION	16e. DEC	EDENT'S	USUAL O	CCUPATIO	ON		16b, Ki	ND OF BUS	SINESS/INDI	USTRY	WILLE
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	life. I	o kind of t Do NOT u	work done o	during mo	st of world	g					
12		Rea	1 Es	tate				Pr	opert	·v		
17. FATHER'S NAME (First, Middle, Last)		, Rea	110	reace		18. MOTI	ER'S NAM	E (First, Mid				
James E. White								kensa		,		
19a. INFORMANT'S NAME (Type/Print)		19h.	MAJLING	ADDRESS	S (Street =			Kensa oute Number,		n State 7/n	Codel	
Barbara White		1										
20a, METHOD OF DISPOSITION		20b. PLACE AN					ve.	Seabre		Md. Z		
1 Donation 5 Other (Specify)	ngvel from State	cemetery, crem	atory or o	other place)			0	1				
21. SIGNATURE OF FUNERAL SERVICE LI		Fort 1	Linc			Tery D ADDRE	2	/[1//9]	4 Bre	ntwoo	od, 1	Maryland
									al Uom	e, Ir	10	
1. Game												
23. PART I. Enter the diseases, or ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that can List only one cause of	cardia	l In	not enter	401 the mo	Blad de of dy	ensb	arg Re	d., B	rentw	boov	,Md . 2072 Approximate interval Betw Onset and D
23. PART I. Enter the diseases, or ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	a. Acute Myo	on eech ilne.	l In Dence o	not enter	401 the mo	Blad de of dy	ensb	arg Re	d., B	rentw	boov	Approximate interval Betv
23. PART I. Enter the diseases, or ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	a. Acute Myo. DUE TO (OR DUE TO (OR C.	cardia	L In	farc	401 the mo	Blad de of dy	ensb	arg Re	d., B	rentw	boov	Approximate interval Betv
23. PART I. Enter the diseases, or ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Acute Myo Due to (or Due to (o	Cardia AS A CONSEON AS A CONSEON	1 In UENCE OF	30 farc	401 the mo	B1ad	ensbi	as cerdia	d., B	rentw	vood	Approximate interval Betwoen and D
23. PART I. Enter the diseases, or ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Acute Myo Due to (or Due to (o	Cardia AS A CONSEON AS A CONSEON	1 In UENCE OF	30 farc	401 the mo	B1ad	ensbi	as cerdiad	d., B	rentw ratory arre	vood	Approximate interval Bett Onset and E Onse
23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algoriticent conditions.	a. Acute Myo Due to (or Due to (o	Cardia AS A CONSEON AS A CONSEON	1 In UENCE OF	30 farc	401 the mo	B1ad	ensbi	as cerdiad	d., B	rentw ratory arre	vood	Approximate interval Betwoen and D Onset a
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See V 195

BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physician.	r filled in by the funeral director, page 5 should be detached for use as the burial-transition, or removal.	the medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Deot. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

	FOR 1 STATE	STATE OF I						MENTAL HYGIEN	IE .	92 06223
	REGISTRAR		CI	ERTIF	ICATE C	F DEA	TH	REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last)								AY	3. TIME OF DEATH
	Magdalene C.	WOC	D					02 1	0	92 5 00P M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	st birthday)	IF UNDER t YE		R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPLACE (State or Foreign Country)
1.23	021 12 9286	1 🗆 M 2 🚟 F	69	YRS.	MONTHS DA	rs HOURS	MIN.	July 24 19	22	Scotland
	9a. FACILITY NAME (If not institution, give a	treet and number)			9b. CITY, TOV	VN OR LOCAT	ON OF DE			NTY OF DEATH
S S	PRINCE GEORGE'S H	WALL	CENTER		CHEVE	RLY			PRIN	CE GEORGE'S
DIRECTOR	RESIDENCE OF DECEDENT								1. 1.211	OE OLOROL 3
2	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR LO	CATION				10d. INSIDE CITY
		e George	5	Boy	wie					1XX YES 2 NO
₹	10e. STREET AND NUMBER					101. ZIP COD	E		10g. CITI	ZEN OF WHAT COUNTRY?
FUNERAL	12722 Brunswick	Lane				207	15		Unit	ted States
5	11. MARITAL STATUS		T EVER IN U.S. AF					NC ORIGIN? (Specify Ye	or Ho-	14. RACE — American Indian, Black, White, atc.
ВУ	1 Never Married 2 Milliarried 3 Wildowed 4 Divorced		WAR OR DATES			YES 2 K HO				Snecthy:
			N	lo	1			No		White
臣	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	(G	iive kind of v	USUAL OCCUP		ina	16b. KIHD OF BU	SINESS/IHD	USTRY
l iii	Elementary/Secondery (0-12)	College (1-4 or 5	+)	. Do NOT us	a state.					
₹ E	12		H	lomema	aker	_		Own I	Iome	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOT	HER'S HA	ME (First, Middle, Maiden	Sumame)	
BE	George Addison					M	lagda	lene Calde	r	
0	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	AOORESS (Str	et and Numbe	r or Rural f	Soute Number, City or Tox	n, State, Zip	Code)
F	William A. Wood			12	2722 B	runswi	ck L	ane Bowie	Mary	land 20715
	20a. METHOD OF DISPOSITION 1 ☐ Burial 2XII Cremation 3 ☐ Remo			AND DATE (OF DISPOSITION					City or Town, Stata
	4 Donation 5 Other (Specify)	oval from State	Metro	matory or of	ther place) tan Cr	emator	37		lavar	ndria Virginia
	21. SIGNATURE OF FUHERAL SERVICE LIC	ENSEE		0011	22, HAM	E AHD ADDRE	SS OF FA	CILITY		
	* Robont &	6/5 00	Pa	,	Bea	11-Eva	ns F	uneral Hon	ne, P.	.A.
-	770000000000000000000000000000000000000	Luna	2, 110	(a).	160	00 Ann	apo1	is Rd. Boy	rie Ma	aryland 20715
	23. PART I. Enter the diseases, or o shock, or heart fellure.	complications the	it caused the de ree on each line	eath. Do n	ot enter the	mode of dy	ing, sucl	h as cardiec or reap	iratory am	est, Approximate Interval Between
	IMMEDIATE CAUSE (Fine)	0		-	W	•				Onset end Death
	disesse or condition resulting in death)	. LULM	WALL -	hus.	- AGIC	1 an en				
		DUE TO	(OR AS A CONSE	QUENCE OF	7			11		1
Z	SecureMeth, the annulation	lohe	ctom	1	1	sec	(20h	ne 1 llo	LUN	6 38days
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	OUE TO	OR AS A CONSE	QUENCE OF	1			1		1
2	csuse. Enter UNDERLYING CAUSE (Disease or Injury	c	1					0		
=	that initieted eventa resulting in death) LAST	DUE TO	(OR AS A COHSE	DUENCE OF	7):					
ER	resulting in destin) LAST	d								
0	PART H. Other algnificant condition	e contributing to	death but not a	regultles i	n the underl	ulas saus	elues la	Boot I Los uno su		
₹ I	Prevmenia	- continuating to	Geetii Dot Hot I	eaciting i	ii tiie underi	ying ceuse	given in	PERFOI	AUTOPSY	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ă	THE CHANGE							1 YES 2	-NO	OF DEATH?
Σ								_		1 TES 2 HO
Z										
PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				. PLACE OF D	DEATH (Che	ack only one)		
YSI	1 YES 2 NO	1 Inpetient 2	ER/Outpatient 3	□ DOA	OTHER:	Home 5 🗆 R	ealdence	8 Other (Specify)		
H	27. MAHNEN OF DEATH	28e. OATE OF (Month, D		28b. TIMI	E OF 28c.	IHJURY AT WORK?		28d. DESCRIBE HOW	HJURY OCC	CURED
ВУ	1 Hatural 5 Pending 2 Accident Investigation					YES 2	НО			
0	3 Suicide 8 Could not be	28s. PLACE C	F INJURY - Al ho atc. (Specify)	me, farm, s	treet, factory, c	office		28f. LOCATION (Street	and Number	or Rural Route Number,
COMPLETE	4 Homicide determined		ares (opoony)					City or Town, State)		
Ä	29s. CERTIFIER 1 CERTIFYING PHYSIC	CIAH: To the best of	my knowledge de	ath occurre	d at the time	data and place	and due	to the cause(s) and me		
M										e Cause(s) and menner as stated.
() II				- 2						causa(s) and market as stated.
BE C	29b. SIGNADORE AND TITLE OF CERTIFIER	- 0-				1)(2)	EHSE NUM	BER	29d. DATE	SIGNED (Month, Day, Year)
BE	29b. MICHARD THE OF CERTIFIER	m.O.				DO	811	<	101	11/9/2/
	296. SIGNAPORE AND TITLE OF CERTIFIER 10. WANE AND ADDRESS OF PERSON WHO	m.O.	SE OF OEATH (ITE	M 27) (Type,	Print)	DO	811	<	101	11/9/2/
BE	256. WANTE AND TITLE OF CERTIFIER WANTE AND ADDRESS OF PERSON WAR COMMENT B. WAG	m.O.	se of oeath (Ite)	M 27) (Type,	Print) MOTSTUR	DO	811	<	101	11/9/2/
BE	296. WANE AND ADDRESS OF PERSON WHO 31. DATE FILED (Month, Day, Year)	m.O.	D. SO	M 27) (Type, W. ED.	Print) MOPSTUR	DO	811	<	101	11/9/2/
BE	256. WANTE AND TITLE OF CERTIFIER WANTE AND ADDRESS OF PERSON WAR COMMENT B. WAG	m.O.	se of oeath (itei D. 50) ir's signature Lawydson	M 27) (Typo, V. ED: -Randa	Print) MOTSTU-	DO	811	kulle Mi	101	11/9/2/



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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending phy	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bu	hour	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - STATE REGISTRAR	STATE OF MARYL		MENT OF HI			GIENE 9	2 06224
	1. DECEDENT'R NAME (First, Middle, Lest) WILLIAM WAVER		Welk	-		2. DATE OF D		3. TIME OF DEATH
		1 🕅 M 2 🗆 F 84	YRS.	IF UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		Ybar)	Brentwood, MD
TOR	98. FACILITY NAME (If not institution, give strict 6000 35th Avenue RESIDENCE OF DECEMENT	et end number)	g	Hyatts	N LOCATION OF DI	EATH	1 Sec. 125	r of DEATH nce George's
DIRECTOR		e George's	11 - 34,51 - 40 14.	TOWN OR LOCATE	211			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	6000 35th Avenue			101.	20782			S.A.
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2XXNO	If yes, spe-	CITY Cuben, Mexica 2XXNO Specific	n, Puerto Rican,		4. RACE — American Indian, Black, White, atc. Specify: White
COMPLETED	15. DECEDENT'S EDUC, (Specify only highest grade of Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	life. Do NOT use i	k done during mos	N t of working		OF BUSINESS/INDU	
OM	17. FATHER'S NAME (First, Middle, Last)	4	Clerk		18. MOTHER'S NA		O. Circu:	Lt Court
BE C	John H. Webb				Janie	Hartle	У	
2	19a. INFORMANT'S NAME (Type/Print)						y or Town, State, Zip C	
	Faye C. Webb	204	PLACE AND DATE OF				e, Maryla	
	1 N Burlai 2 Cremetion 3 Remo	val from State com	etary, crematory or othe Lincolr					d, Maryland
	21. SIGNATURE OF PUNERAL SERVICE LICE	NSEE		Franci	ADDRESS OF FA	CHITY		Home, PA
	1 ark 17.1	Johnem	<i>D</i>	4739 B	altimor	e Ave.,	Hyattsvi	ille,MD 20781
18	23. PART I Enter the diseases, or co ahock, or heert feliure. L IMMEDIATE CAUSE (Final disease or condition resulting in death)	implications that coused lat only one cause on e	d the death. Do not ach line.	t anter the mod	le of dying, suc	th as cardiac o	or reapiratory arre	Approximate interval Between Onaat and Death
N	Sequentially list conditions,		CONSEQUENCE OF):	0				
CATIC	if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A	CONSEQUENCE OF):					
CERTIFICATION	that initiated eventa resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):					
	PART II. Other algnificant conditions	contributing to death b	ut not resulting in	the underlying	cause given in	Part i. 24e.	WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
SICAL	DIABETER	elltis					PERFORMED? YES 2 NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEDIC	the pestentin	~ 0 =						OF DEATH? 1 YES 2 NO
AN:	25. WAS CASE REFERRED TO MEDICAL	re tree	1	26 Dt 6	OF OF BEATH (C)			
SIC	EXAMINET?	HOSPITAL:		THER:	5 Raeldence		-ffv)	
PHY	27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	20b. TIME C	OF 28c, INJU	RY AT		HOW INJURY OCCU	RED
BY	1 Natural 5 Pending 2 Accident Investigation	28e. PLACE OF INJURY	- At home form eter		ES 2 NO	264 4 00471011	(0-1-1)	
ETED	3 Suicide 6 Could not be determined	building, etc. (Spec	effy)			City or Tow	(Street and Number of n, State)	Hural Houte Number,
COMPLETED		IAN: To the best of my knowl : On the beels of examination						l. cause(e) end manner ee stated.
TO BE	296 SIGNATURE AND TITLE OF CERTIFISH	h to		1	29c. LICENSE NUI	MBER	29d. DATE :	SIGNED (Month, Day, Year) - 12-92
	MCHIONS J F	COMPLETED CAUSE OF DE	mo 950	10 Arr	-Browi	1 /2	LA	hommo
	FEB 1 4 1992	32. REGISTRAR SISIGN	ason-Randell	٤				



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AND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

		1 . 11.		JR.			2. DATE OF DEATH MONTH DA	AY	3. TIME OF DEATH	
'		Walk					2 14		92 4:45	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)	
'	227-86-7004 9a. FACILITY NAME (If not institution, give		34	YRS.		1000	- 04/11/57		WASH. D.C	
Œ			~=- 17-0		9b. CITY, TOWN OR LOCATION OF DEATH			9c. COUNTY OF DEATH		
CTO	PRINCE GEORGE'S H	10SPITAL (JENTER		HEVERLY	<u> </u>		NCE GEORGE'S		
DIRECTOR	10s. STATE 10b. COUNT			10c. CITY,	TOWN OR LOCA	TION			10d. INSIDE CITY	
	MARYLAND PRII	NCE GEOR	RGE'S	DIS	TRICT	HTS			1 🔀 YES 2 🗌 NO	
ERAL	1407 SHADY GLI	באז אם			10	20747		US	ZEN OF WHAT COUNTRY?	
FUNE	11. MARITAL STATUS	12. WAS DECEDEN			13. WAS DE		ANIC ORIGIN? (Specify Yes		14. RACE — American Indian.	
BY FI	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W	YES 2 N	10	If yes, s	pecify Cuban, Maxic S 2 NO Spec	an, Puerto Rican, etc.)		Black, White, etc.	
ED B		-							BĽK	
ETE	15. DECEDENT'S EDI (Specify only highest grad	le completed)	(G		SUAL OCCUPATI ork done during m retired.)		16b, KIND OF BU	SINESS/IND	USTRY	
PLE	12th	College (1-4 or 5+	•)	CK B			PVT			
COMPL	17. FATHER'S NAME (First, Middle, Last)		[010	CIV D	OTHI	18. MOTNER'S N	AME (First, Middle, Maiden	Surname)		
BE C	LEON WALKER, SI	R•				JEAN	E. LATTIM	ORE		
TO E	19a. INFORMANT'S NAME (Type/Print)		l l				Poute Number, City or Tow			
	LEON WALKER SI	R		_			DR, DISTR			
	1 Buriel 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from Stata			er place)		oate 20c. LO	ndos	city or Town, State ver, Marylar	
	21. SIGNATURE OF FUNERAL SERVICE LI	ICENSEE		IIIOII					INS FUNERAL	
	Symbolly	a RA	1100	0			VER RD, I			
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	. List only one cau	ise on aech line),			ch as cardiac or reep	iratory arr	eat, Approximate Interval Betwo	
RTIFICATION	iMMEDIATE CAUSE (Final disease or condition	a. DUE TO	ise on aech line	DUENCE OF):	nans	arres		iratory arr	intarval Between	
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31. DATE FILED (MONTY, DAY, 9°1) 1992

21 11 11 1/1 /21 1/10 1/10 1/2

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1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

_	REGISTRAR		CE	HIII	ICALE	OF.	DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)								TE OF OEATH	NY.	YEAR	3. TIME OF GEATH
	FLORENCE		WALKE	2					02 1	8	92	4:00 A M
	4. SOCIAL SECURITY NUMBER 578-03-6680	5. SEX 1	6. AGE (In yrs. lest 87	birthday) YRS.	MONTHS 1	DAYS	IF UNDER 24 HRS. HOURS MIN.	Ju.	TE OF BIRTH	904		PLACE (State or Foreign
	9a. FACILITY NAME (If not institution, give a	street end number)			9b. CITY,	TOWN O	R LOCATION OF D	DEATH		9c. COU	TY OF D	EATH
стоя	PRINCE GEORGE'S H		ENTER		CH	IEVE	RLY			PRI	NCE	GEORGE 'S
DIRECTOR	MD Prin	v ce George)		hapel		aks					10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	100. STREET AND NUMBER 5101 Duel Pla	ice				101.	20743			10g. CITI	ZEN OF V	WHAT COUNTRY?
В	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT	YES 2 X NO		11	yee, spe	ENDENT OF HISPA ecity Cuban, Mexico 2 NO Special	an, Puert	BIN? (Specify Yee o Ricen, etc.)	or No—	14. RACE Black Speci	E — American Indian, k, White, atc.
8	15. DECEDENT'S EDU (Specify only highest grade	CATION			USUAL OC			1	6b. KIND OF BUS	SINESS/IND		Lack
COMPLETED	Elementary/Secondary (0-12) 9th	College (1-4 or 5 +	Him I	Do NOT us	e retired.)	unng mos	at of working		DC Chi	ildre	ns	Center
SON	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NA	AME (Firs	t, Middle, Maiden	Sumame)	_	
BE (James Blakene	у						ette	-	nreat	_	
5	190. INFORMANT'S NAME (Type/Print) Alma Witherspoon				usan		nd Number or Aural Ran		mber, City or Town Lstown,	Md.		1133
	20e. METHOD OF DISPOSITION 1 Burlet 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State	20b. PLACE AI cometery, crem Harmon	ND DATE O	prospective places	al F	erk		-22 Lai	ndove		mn, State Md.
	21. SIGNATURE OF FUNERAL SERVICE LIN				22. N	INC.	D ADDRESS OF FA					ral Home,
		rsha							ashingt			C. 20011
	23. PART I. Entar the diseases, or ahock, or heert failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Liet only one caus	se on asch line.	i					irdiac or reapi	ratory arr	eat,	Approximata Interval Between Onset and Death
N	Sequentially list conditions,	b	OR AS A CONSECU	250	6							
CATIC	If any, leading to immediate cause. Enter UNDERLYING	Page	OR AS A CONSEQUENCE OF AS A CONSECUENCE OF AS	JENCE OF	7:	2Nen	12501.1	60	Gazi	Deri	+	
CERTIFICATION	CAUSE (Disease or Injury that Initiated evants resulting in death) LAST	DUE TO	OR AS A CONSECU	JENCE OF	ī):		Julian		ouc p	<u>CCC</u>	, '	
2	PART II. Other aignificant condition	a contributing to	death but not re	aultina l	o the und	lectulos	cause alves in	Dort I	24s, WAS AN	ALTTORON	1	
EDICAL			dealth but flot fo	uuning i	- The diffe	rettynig	Cause given in		PERFOR	MED?	240	. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Ξ												1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					ACE OF DEATH (C)	heck only	one)			
YSI	1 XES 2 NO	1 Nonpatient 2 -				ing Home	5 - Residence	6 🗆 Ot	her (Specify)			
ВУ РН	27. MANNER OF DEATH 1 Distural 5 Pending 2 Accident Investigation	28e. DATE OF (Month, De		28b. TIMI INJ	E OF URY M	28c. INJU WOI 1 Y		28d. D	ESCRIBE HOW IF	NJURY OCC	URED	
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE Of building,	FINJURY — At hometra. (Specify)	e, farm, s	treet, facto	ry, office			OCATION (Street e ty or Town, Stete)	and Number	or Rural F	loute Number,
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE											end manner ee stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIED	1	n				29c. LICENSE NU	MBER -	34	29d. DATE	SIGNED	(Month, Day, Year) 8/92
2	30. NAME AND ADDRESS OF PERSON WH		e of DEATH (ITEM		Print)	ens	val Ce	n-ten	Q #	£430	Car	canbol 10
	31. DATE FILED (Month, Day, Year)		r's signature n-Randoll		0,0	- / /	-0					00 120 100
	FEB 20 1992	tula Davidso	n-yandell	•								

in, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should may be retained by the hospital or attending physician. ORE, MARYLAND 21215-0020 ust be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours and TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remunim IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DECEDENT'S NAME (First, Middle, Last) SHARON SOCIAL SECURITY NUMBER												
	A TIT T				DITO			2. DATE O	DA	W 3	9 9 2	3. TIME OF DEATH
4. SOURL SECONITI NUMBER	LULA 5. SEX	B. AGE (In yrs. Is			WIG			02	15	1		10:30
	1 M 2 F		YRS.	IF UNDER	DAYS	IF UNDER	MIN.	7. DATE Of (Month,	F BIRTH Day, Year)		8. BIRT	HPLACE (State or Fore try)
578-88-5351 Se. FACILITY NAME (If not institution, give :	Δ.	33	ins.						10.			shington,
						OR LOCATI	ON OF D	EATH		9c. COL	JNTY OF I	DEATH
6601 Oakleaf (COURT			CLI	NTO	N				PRI	NCE	GEORGES
10a, STATE 10b, COUNT	Υ		10c, C/T	Y, TOWN (OR LOCAT	TION						10d. INSIDE CITY
Maryland Princ	ce George'	S		Clint								LIMITS?
10e, STREET AND NUMBER					100	f. ZIP COD	-			44. 017	2254 05	1 TYES 2 N
6603 Oakleat	E Ct.				1 "	. Zir ÇOD		735			5.A.	WHAT COUNTRY?
11. MARITAL STATUS	12. WAS DECEDENT	EVED MILLS A	-	- 40								
1 Never Married 2 Married	FORCES? 1	YES 2			If yes, sp	ecify Cuba	n, Maxica	NIC ORIGIN? an, Puerto Ric	(Specify Yes can, atc.)	or No-	14. RAC	E — American indian ck, White, etc.
3 Widowed 4 Divorced	IF YES, GIVE WA	R OR DATES			1 TYES	2 X NO	Specif	fy:			Spec	
15. DECEDENT'S EDU	ICATION	16a, D	ECEDENT'S	USUAL O	CCUPATIO	ON		18h #	UND OF BUS	IMESS/IN		Black
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	- 6	Give kind of b. Do NOT u	work done se retired.)	during mo	st of working	ng	Total I	and or boa	mecoonie	DUSINI	
12th	A		Danama		O					_		
17. FATHER'S NAME (First, Middle, Last)	4		rersc	unel	<u> 506</u>	18, MOTI	HER'S NA	CC	della Maidan	Sumama'	par	ment
James M. Ha	irston S	r.						ah T.				
19a. INFORMANT'S NAME (Type/Print)		1	9b. MAILING	ADORFE	S (Street a			Route Number	-		in Code	
Ricardo R. Wi	lggs	1										20782
20a, METHOD OF DISPOSITION		20h BI 405	ANDDATE						-			
15 Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	noval from State	cemetery, cr	rematory or o	ther place)				OATE				own, Slate
4 U Donation 5 U Other (Specify)		Et	ıncol	n Ce	mete	NO ADDRE		21 92				Maryland
. ///. //	more		/	1 ***	MARK AL	NO ADDINE	55 OF 14	Le	e Fur	eral	L Hon	ne, Inc.
·will	UNA	into		66	33 C	old A	lexa	ander	Ferry	Rd	Clir	nton, Md
disease or condition resulting in death)	DUE TO (FAS A CONSE	WO L	end	A (of	A	ms or	nd H	ead	e	Onset and
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attending physician. or use as the burial-transit permit. Pages 1, 2, 3 should

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained to the TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be filed within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MAR

2 215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARKI AND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page is may be make by its hospital or unshaded in	wained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, process stress to compare for use as the burnal-transit permit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burnal, cremation, or removal.	struct 3 demonst for use as the burial-transit permit
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be not an examiner must be not an examiner must be not at a concern.	ONLine of Snon.

. Pages 1, 2, 3 should

1 - STATE REGISTRAR	STATE OF MARYL		NT OF HEALTH AND TE OF DEATH	MENTAL HYGIEN		2 00220			
1. DECEDENT'S NAME (First, Middle, Leet) Robert	L	Wilson	1	2. DATE OF DEATH DO 2	AY YEA				
21730-8138		fn yrs. last birthdey) F UN 69 YRS. MONTH	DER 1 YEAR F UNDER 24 HRS. IS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 10-02-22	8. B	IRTHPLACE (State or Foreign ountry) MD .			
9a. FACILITY NAME (If not institution, give street Memorial Hospi RESIDENCE OF DECEDENT		ston	Easton	of DEATH 1 bot					
	N ANNES		N OR LOCATION SONVILLE			10d. INSIDE CITY LIMITS? 1 YES 2 NO			
100. STREET AND NUMBER P.O. BOX 36		1.17	101. ZIP CODE 21638			OF WHAT COUNTRY?			
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER II FORCES? 1 TYES IF YES, GIVE WAR OR DA	2 📉 NO	is. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 YES 2 NO Spec	an, Puerte Rican, etc.)		RACE — American Indien, Black, White, etc. Specify: BLACK			
15. DECEDENT'S EDUCA (Specify only highest grade co	FION impleted) Coffege (1-4 or 5+)	16a. DECEDENT'S USUAL (Give kind of work do life. Do NOT use retire MAINTENA	ne during most of working d.)	16b. KIND OF BU					
17. FATHER'S NAME (First, Middle, Leat) GEORGE H. WILSON		AAT IN I EIN	18. MOTHER'S N	AME (First, Middle, Meiden LITTLE WII		ANI			
190. INFORMANT'S NAME (Type/Print) ELIZABETH WILSON			ESS (Street and Number or Rura 36, GRASONV	Route Number, City or Tow	n, Stata, Zip Code)			
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due to (or as a consequence of): Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):									
PART II. Other significent conditions	contributing to deeth b	ut not resulting in the	underlying ceuse given in	Part I. 24e. WAS AN PERFOR	IMED?	24b. WERE AUTOPSY FINDIN AMILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:	atient 3 DOA 4	26. PLACE DF DEATH (C						
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	26s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW I	NJURY OCCURE	D			
3 Suicide 6 Could not be determined	26e. PLACE OF INJURY building, etc. (Spec	— At home, farm, etreet,	factory, office	28f. LOCATION (Street of City or Town, Stete)	and Number or Ru	ral Route Number,			
one)			re time, date end piece, and du ny opinion, death occured at the	time, date end place, en	d due to the ceu	nee(s) end manner es stated NED (Month, Day, Year)			
30. NAME AND ADDRESS OF CORDON WHO OF A IN CAY 31. DATE FILED (Morrith, Day, Year) FFR 1 4 907		" Id/u	will Are	Easten	n)	2160/			

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FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

5. SEX

1 - M 2 XF

6. AGE (In 18)

4. SOCIAL SECURITY NUMBER

220-03-8137

1

shoule		9a. FACILITY NAME (If not is	stitution, give	street and number)			9b. CIT	Y. TOWN	OR LOCATION OF	DEATH
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1, 2,	IK	RESIDENCE OF DE		TOOL LIN				32	TELODOKI	
S	M	10a. STATE	10b. COUNT	Υ		10c, CIT	Y. TOWN	OR LOCAT	TION	
2	DIRECTOR	Md.		Comerce						
permit. Pages				Somerse	t		Ede	n		
8	₹	100. STREET AND NUMBER						101	. ZIP CODE	
physician. burial-transit	FUNERAL	Rt. 341	Eden						2	21822
physician. burial-trar	15	11. MARITAL STATUS		12. WAS DECEDENT EV			13.	. WAS DEC	ENDENT OF HISP	
phy		1 Never Married 2	Merried	FORCES? 1 1	ES 2X	NO		If yes, ap	ecify Cuben, Mexi	can, Puerto
78 VE	BY	3 🔀 Widowed 4 🗌 Divo	rced	IF YES, GIVE WAR O	H DATES			1 YES	NO Spec	offy:
to E	8	15. DEC	EDENT'S EDU	CATION	160	DECEDENT'S	HOUSE C	200(1047)		Tax
V3/5	E	(Specify onl	y highest grade	completed)		(Give kind of a	vork done	during mo	st of working	16b
-d =	2	Elementary/Secondary (0	1-12)	College (1-4 or 5+)						
by the hosping be detached at at once.	COMPLET					r	eti	red		
by the horbe detach	18	17. FATHER'S NAME (First, M							16. MOTHER'S N	IAME (First, I
8 6 6	111	FredWater	S						Anni	e Wr
5 should	0	19a. INFORMANT'S NAME (ype/Print)			19b. MAILING	ADORES	S (Street a	nd Number or Rura	
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e 6 may ector, pag must by		20a. METHOD OF DISPOSIT 1 1 Buriel 2 ☐ Cremetic		oval from Stata	20b. PLAC	E AND DATE	F DISPO	SITION (Na	me of	DAT
Page 6 rail director		4 Donation 5 D Other			Frie	ndsh	i D / I	rie	ht cem	e 2/
death. Page 6 mage functor, in the case of mage function.	1 -	21. SIGNATURE OF PYNERA	L SERVICE LI	CENSEE					ID ADDRESS OF I	-
death. I funeral			~ D	4	. <		- 1			
0 = 0		LUSO	ell	300	59	35	E.	oka	Funer	al H
		23. PART I. Enter the di	seesea, or	complications that cau	sed the	death. Do n	ot ente	r the mo	de of dving, su	ch sa cerc
nted within 24 fours af completely filled in by ial, cremation, or reme event, the medica	1	anges, or n	eert tallure.	List only one ceuse o	n each lie	ne.			, , ,	
24 fille tion.		iMMEDIATE CAUSE (Fir disease or condition	el	1	0					
within 24 pletely fill cremation.		resulting in death)	→	DUE TO (OR	W (M	rest				
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nding phy Hygiene	E	resulting in death) LAS	T	•			,.			
attending ntal Hygien	CERTIFICATION	W		d						
requires that the death certificate een signed by the attending physis of Health and Mental Hygiene pri shows any injury, or other th		PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I.								
by and	M			oonandaning to deat	ii but not	resulting i	n the u	naerrying	cause given in	n Part I.
signed by Health an	MEDICAL									1
peen sign of Heal	믷									
has been Dept. of										
	SICIAN:	25. WAS CASE REFERRED TO	MEDICAL							
SICIAN: The certificate h the State [the State [, or item]	O I	EXAMINER?		HOSPITAL:			OTHE		ACE OF DEATH (C	heck only on
CLAN ertific	HYS	1 FS 2 NO		1 Inpatient 2 ER/C	100000000000000000000000000000000000000	3 ET DOA			5 🗆 Rasidence	8 🗀 Other
is co	표	27. MANNER OF DEATH		28e. DATE OF INJU! (Month, Day, Yes		28b. TIME		28c. INJU		28d. DES
the track	BY		Pending nvestigation	1	,		М	1 🗌 Y		
NOING PHYSIC T. After this ce r death with t Is marked,		2 Codete		28e. PLACE OF INJI	URY — At I	nome, farm, s	treet, fec	tory, office		28f. LOCA
CTOR. after	ш		Could not be letermined	building, atc. (S	Specify)					City o
OR AI DIREC hours	COMPLETED	00. 00000000								
L DO	4	29e. CERTIFIER (Check only	FYING PHYSI	CIAN: To the best of my kr	nowledge, d	seath occurre	d at the t	ilme, data	end place, and du	a to the cau
PITA ERA In 72	2			R: On the basis of examina						
HOS With								16/25/2015		
世世 5	BE	296. SIGNATURE AND TITLE	OF CERTIFIER	1 /					29c. LICENSE NU	
To the Hospital or attending Phy To the Funeral Director: After this be fied within 72 hours after death wit IMPORTANT: If Item 28 is marke			und 1	4. (NWO NO					11331	/
	2	30. NAME AND ADDRESS OF	PERSON WH	COMPLETED CAUSE OF	DEATH (IT	EM 27) (Type.	Print)			
		MALALA	11 /1	VOOD, MD	12.		1.0		c1	Sa
		31. DATE FILED (Month, Day,	7 FF - V	MAD (MID)	1 uen	ey T	-000	MIL	Street	24
	3			A REGISTRAN'S SI	UNATURE					
		LEDAT	1992	green Davidson	n-pon	طراف				

CERTIFICATE OF DEATH

FEB.

IF UNDER 24 HRS

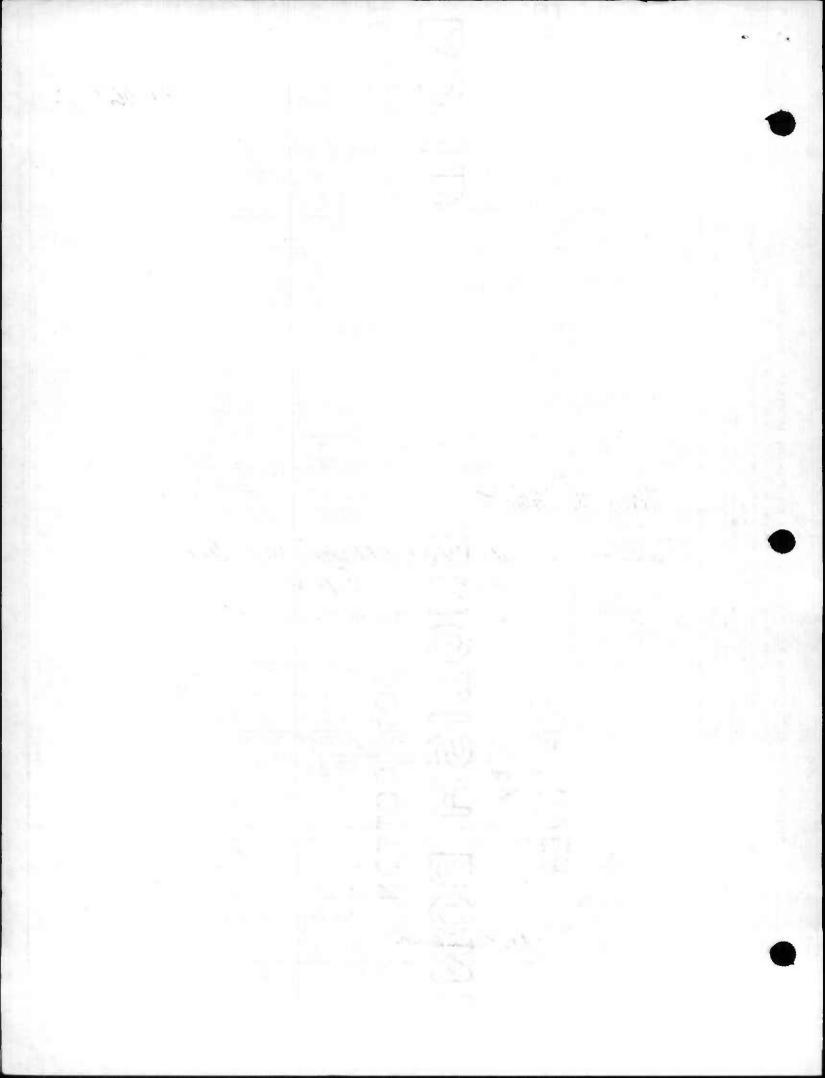
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIE REG. NO 2. DATE OF DEATH 19 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE 5/1/10 Eden Md 9c. COUNTY OF DEATH WICOMICO 10d. INSIDE CITY LIMITS? YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? U.S.A. Y? (Specify Yea or No— Rican, etc.) 14. RACE — American Indian, Black, White, atc. black KIND OF BUSINESS/INDUSTRY domestic Middle, Maiden Surname) ight ber, City or Town, State, Zip Code) 28c. LOCATION -- City or Town, State Eden. md ome POBox 1574 Salishary flac or respiratory screet, Approximate Intervel Between Onset and Death MINS YKS 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO 1 TES 2 NO (Specify) CRIBE HOW INJURY OCCURED ATION (Street and Number or Rural Route Number, or Town, State) se(a) and manner as stated. and place, and due to the cause(a) and menner as stated. 29d. DATE SIGNED (Month, Day, Year)

DHMH-16 Rev 1/89

168 I.J. ETC was properly

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL CIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTM	ENT OF H	EALTH AND I		TYGIENE 92	-06230		
	Decedent's NAME (First, Middle, Lest) Donald	Francis Wood				2. DATE OF MONTH	DEATH DAY 21. 1992	year 5:10 P. M		
	4. SOCIAL SECURITY NUMBER 219 34 3600	1X M 2 🗆 F	61 YRS. MON		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, DI	BIRTH ny, Ybar)	a. BIRTHPLACE (State or Foreign Country) Queen Anne, Md.		
стоя	98. FACILITY NAME (If not institution, give a Carroll County (RESIDENCE OF DECEDENT			Vestmir	R LOCATION OF DE ISTET	EATH		9c. COUNTY OF DEATH Carroll		
- DIRECTOR	Md .	Carroll			or, Md.			10d. INSIDE CITY LIMITS? 1 TYES 3 NO		
FUNERAL	1634 Stone (21	776		U	S.A.		
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 1 YES 2 IF YES, GIVE WAR OR DATE:	2 NO	If yes, spe	ENDENT OF HISPAN Holfy Cuben, Mexica ZXNO Specify	n, Puerto Rice		14. RACE — American Indian, Black, White, etc. Specify: White		
COMPLETED	18. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) High School		Ge. DECEDENT'S USU (Give kind of work life. Do NOT use rel Land	AL OCCUPATION done during modified.)	N at of working		no of Business/Indi			
BE COM	17. FATHER'S NAME (First, Middle, Lest) J. Lawrence Wo	ood			18. MOTHER'S NA Mary S		fle, Maiden Surname) t			
TO B	19e. INFORMANT'S NAME (Type/Print) Eleanor R. Wood						City or Town, Stata, Zip New Winds	or, Md. 21776		
	20a. METHOD OF DISPOSITION 1 M Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	ioval from Stata 20b. Pi of cem Che	LACE AND DATE OF netary, crematory or o esterfield	ther place) Cemet	cery	0ATE 2/24	20c. LOCATION — C Centrevi	lle, Md.		
	21. SIGNATURE OF FUNERAL SERVICE LICE **Havy W.	Haight		22. NAME AND P.O. BO	DX 195 S	Haigh ykesvi	t Funeral lle, Md.	Home 21784		
	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. RARI	WACA		de of dying, auc			Approximete Interval Between Onset and Death		
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
MEDICAL	PART II. Other significent condition	e contributing to deeth but	not resulting in t	ne underlyling	g ceuse given in		PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
CIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	l or	28. PI	ACE OF DEATH (Ch	neck only one)				
PHYSICIAN:	1	1 Inpetient 2 ER/Outpetie		Nursing Hom 28c. INJ WC	e 8 Rasidence URY AT PRK? YES 2 NO		Specify) HBE HOW INJURY OCC	CURED		
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Specify)	At home, farm, stree				ON (Street and Number Town, State)	or Rural Route Number,		
COMPLETED	onel —	ICIAN: To the best of my knowled ER: On the basis of examination a								
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIE	Bugn	lany	Vin	B-72	74	. 12	E SIGNED (Month, Day, Year) -24-92/		
	NACY N. BUY	HO COMPLETED CAUSE OF DEATH LECTURE STATE 32 REGISTRAN'S SIGNATION	m9 0	212	SYKE	=541	CLERE	a Md 211024		
	31. DATE FILED (Month, Day, Year)									



bunal-transit permit. Pages 1, 2, 3

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10 THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for be within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, oremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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31. DATE FILED (Month, Oay, Year)

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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

M.D

32. AEGISTRAR'S SIGNATURE GLIE Savidson-Mandale

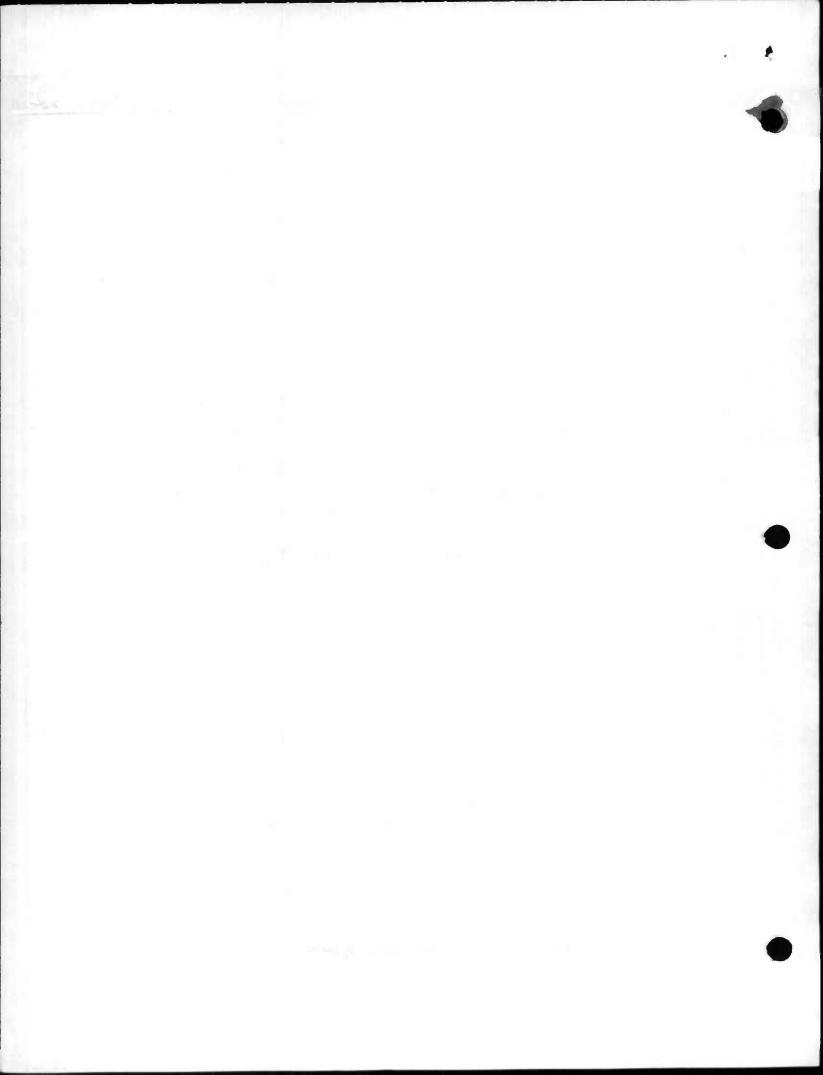
FOR STATE REGISTRAR 2-06231 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATH 92 Mary Evelyn Williams 02- 21-4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 1 M 2 F 215-14-6859 70 02-03-22 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Carroll County General Westminster Carroll RESIDENCE OF DECEDENT 10a STATE 10c CITY TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Carroll Westminster 1 - YES 2 NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1510 Carriage Hill Drive 21157 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-II yes, specify Cuban, Maxican, Puerlo Rican, etc.) 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married BY 1 TYES 2 NO Specify 3X Widowed 4 ☐ Divorced White COMPLETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade co 18b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 1 Secretary Clerical 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname) Howard White BE Theresa A. Bozin 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Mrs. Mary E. Cutsail 1510 Carriage Hill Dr. Westmisnter, 21157 MD 20a. METHOD OF DISPOSITION
1 Description | Method | Method | Method | Removal from State | Donation | 5 | Other (Specify) | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Metho 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE Lake View Memorial Park 2/25 Sykesville, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Haight Funeral Home (P.O. Box 195) rian Was α Sykesville, MD 21784 (410)-795-1400 23. PART I. Enter the diseases, or complications that edused the death. Do not enter the mode of dying, such as cerdiac or reapiratory arrest, Approximate shock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Finel Onaet and Death diseese or condition andiemyon schemuc reaulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSPOLIENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in deeth) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINGINGS PERFORMED? AMILABLE PRIOR TO COMPLETION DF CAUSE 1 - YES 2 NO OF DEATH? 1 - YES 2 - NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpetiant 2 | ER/Outpetiant 3 | DOA OTHER: 1 - YES 2 - NO e 5 🗆 Rasidence 8 🗆 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — Al home, farm, streel, lectory, office building, atc. (Specify) 3 Suicide ETED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide 29a. CERTIFIER

(Chart and 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. COMPL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the ilme, data and place, and due to the cause(a) and menner as stated. 296. SIGNATURE AND TITLE OF CONTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Oey, Year) BE

D38358

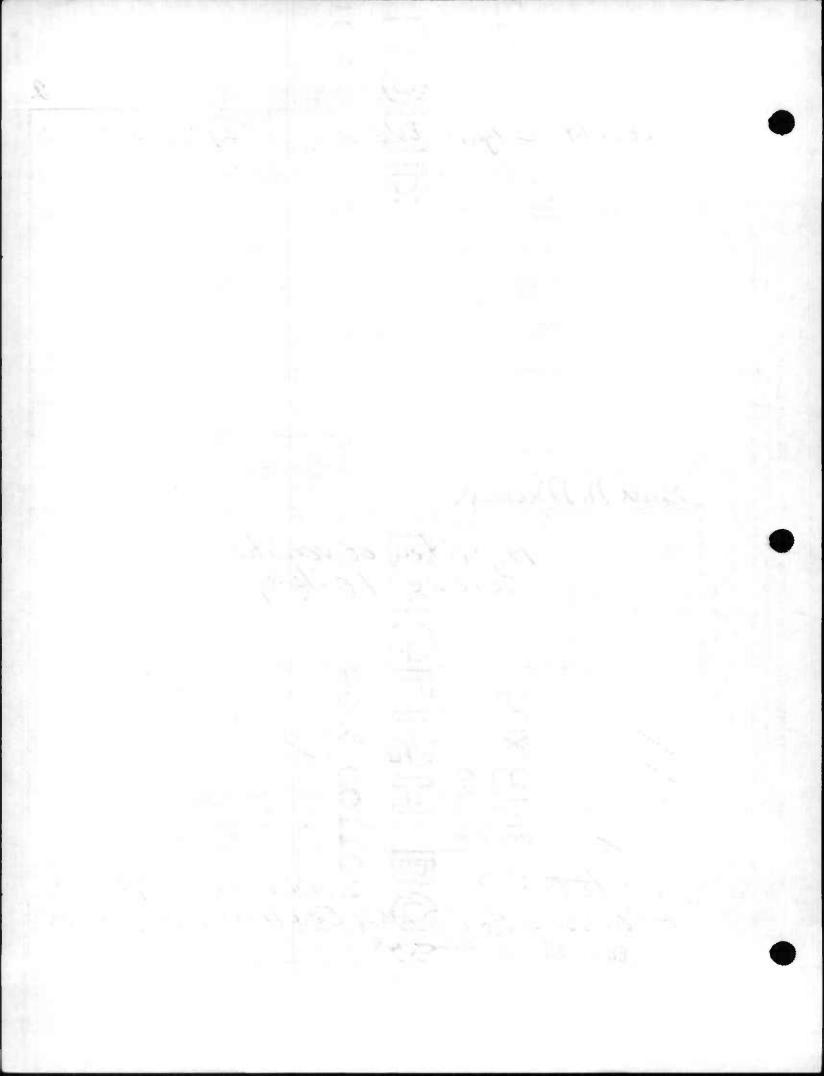
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After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be marked death with the State Dept. of Health and Mental Hygiene prior to bund, cremation, or removal. Is marked, or litem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	B	16	1
After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should death with the State Dept. of Health and Mental Physiene prior to bunial, cremation, or removal. s marked, or litem 23 shows any injury, or other traumatic event, the medical examiner must be notified at		2	gmes.
After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 showing death with the State Dept. of Health and Mental Hypiene prior to bunal, cremation, or removal. is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified.	z	/	76
After this certificate has been signed by the attending physician and completely filled in by the funeral director, page death with the State Dept. of Health and Mental Hypiene prior to bunial, cremation, or removal. s. marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be	5 shour		notified
After this certificate has been signed by the attending physician and completely filled in by the funeral director, it death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal. s marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must	Sage		pe
After this certificate has been signed by the attending physician and completely filled in by the funeral of death with the State Dept. of Health and Merital Hypiene prior to bunial, cremation, or removal. s marked, or item 23 shows any injury, or other traumatic event, the medical examines	irector, p		r must
After this certificate has been signed by the attending physician and completely filled in by thy death with the State Dept. of Heath and Mental Byglene prior to bunda, cremation, or removal a marked, or item 23 shows any injury, or other traumatic event, the medical is	funeral d		examine
After this certificate has been signed by the attending physician and completely filled death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or s marked, or Item 23 shows any injury, or other traumatic event, the n	In by the	or removal	nedical
After this certificate has been signed by the attending physician and completely death with the State Dept. of Health and Mental Hyglene prior to bunal, cremat a marked, or Item 23 shows any Injury, or other traumatic event, it	filled	ion, c	the m
After this certificate has been signed by the attending physician and or death with the State Dept. or Health and Memtal Hygiene prior to burit s marked, or litem 23 shows any Injury, or other traumatic	ompletely	al, cremat	event, t
After this certificate has been signed by the attending physician death with the State Dept. of Health and Merital Hygiene prior is marked, or Item 23 shows any Injury, or other trau	and c	to buni	matle
After this certificate has been signed by the attending pl death with the State Dept, of Heath and Mental Hygiene s marked, or Item 23 shows any Injury, or othe	hysician	prior	r trau
After this certificate has been signed by the atten death with the State Dept. of Health and Mental Is marked, or Item 23 shows any Injury, o	ding pl	lygiene	r othe
After this certificate has been signed by the adeath with the State Dept. of Health and Met s marked, or Item 23 shows any injury	atten	rtal +	y, 0
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After this certificate has been death with the State Dept. of s marked, or Item 23 sho	signe	Healt	W.S 3
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	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND	O / DEPARTM			MENTAL HYGIENE REG. NO.	43	-06232	
,	1. DECEDENT'S NAME (First, Middle, Last)	Edgar	We	2ir		2. DATE OF DEATH MONTH DAY	190	3. TIME OF DEATH	
	236-42-0403	5. SEX 6. AGE (In yrs		UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	Dec. 23, 19	930 We	irthplace (State or Foreign ountry) st Virginia	
OR	90. FACILITY NAME (If not institution, give etre 623 W. Franklin St				ATH	%. county of beath Washington			
FUNERAL DIRECTOR	nesidence of decedent 10e. STATE 10b. COUNTY Maryland Washi				ÓN			10d. INSIDE CITY LIMITS?	
AL D	10e. STREET AND NUMBER	.iigtoii	1 mage		ZIP CODE	1	10g. CITIZEN	1 ¥ YES 2 □ NO OF WHAT COUNTRY?	
ER	623 W. Franklin St	reet			21740		USA		
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	MO		cify Cuban, Mexican	IC ORIGIN? (Specify Yea on, Puerto Rican, atc.)		RACE — American Indien, Black, White, etc. Specify: white	
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade or 10 years)	College (1-4 or 5 +)	Give kind of work life. Do NOT use re	done during mos	N It of working	Constru		qy	
BE COM	17. FATHER'S NAME (First, Middle, Last) Frank Weir				18. MOTHER'S NAM Ada	ME (First, Middle, Meiden S Wrig			
TO E	Patsy J. Weir				in Stree		own, M	aryland 21740	
	20e. METHOD OF DISPOSITION 1		ACE AND DATE OF				thsbur	g, Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LICE			Gerald	N. Minn 1 Home	ich 305 l	N. Pot	omac Street , Maryland	
CERTIFICATION	23. PART I. Enter the diseases, or co shock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	ASPING	NSEQUENCE OF):		vonce	/	etory errest,	Approximate interval Between Onset and Death	
PHYSICIAN: MEDICAL CE	PART II. Other significant conditions	contributing to deeth but n	not resulting in t	he underlying	j ceuse given in	Part i. 24a. WAS AN A PERFORI 1 YES 2	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			100	ACE OF DEATH (Che	eck only one)			
HYSI		HOSPITAL: 1 Inpetiant 2 ER/Outpetie 28e. DATE OF INJURY (Month, Day, Year)		F 28c. INJ		8 Other (Specify) 28d. OESCRIBE HOW IN	JURY OCCURE	ED	
BY	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY — building, etc. (Specify)		M 1 🗆 Y	ES 2 NO	26f. LOCATION (Street et City or Town, State)	nd Number or R	lural Route Number,	
LETE	4 Homicide determined								
COMPLETED	torion only	IAN: To the best of my knowledg : On the basis of examination an						use(s) and menner as stated.	
BE	29b. SIGNATURE AND THE OF CERTIFIER	(1)	15.4		DZ6	6866	≥ 2 A	SNED (Month, Day, Year) 26/52	
70	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF OEATH	(ITEM 27) (Type, Pri	F21 6	Zak by	LIPPRE	Has	eskund	
	FEB 27 199	2 32. REGISTRAR'S SIGNATU	RE Son-Rondon	E					



TO THE MUSTINE OR ALLENDING PRINCIPLY: THE ISM TEQUIES THAT THE DESCRIPTION OF STREET PRINCIPLY STREET THE TOPPING OF STREET PRINCIPLY STREET THE TOPPING OF STREET PRINCIPLY STREET THE TOPPING OF STREET PRINCIPLY STREET PRINCIP	as the	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	
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9	2	9	2

	FOR STATE STATE	STATE OF MARYLAN	ID / DEPAR Certie	ITMENT OF H	EALTH AND N	MENTAL HYGIEN		06233	
	1. DECEOENT'S NAME (First, Middle, Last)	rrie Graha	1		JEAN I	2. DATE OF DEATH MONTH DA Jan. 19	LV VE	3. TIME OF OEATH	
	4. SOCIAL SECURITY NUMBER 5. S	SEX 8. AGE (In y	rs. lest birthday) 3 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 10-13-1	8.	BIRTHPLACE (State or Foreign Country) entreville MD	
TOR	9a. FACILITY NAME (If not institution, give street a Kent-Oueen Anne RESIDENCE OF DECEDENT				esterto	ATH	9c. COUNTY		
DIRECTOR	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCAT				10d. INSIDE CITY LIMITS?	
10	Maryland Queer 100. STREET AND NUMBER	n Anne's			reville)	10g. CITIZEN	1 YES 2 NO OF WHAT COUNTRY?	
ER/	Rt. 2 Box	193			21617	7	υ	.S.A.	
BY FUNERAL	11. MARITAL STATUS 12.	WAS DECEDENT EVER IN U. FORCES? 1 YES	25 NO	If yes, spe		IIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)		RACE — American Indian, Black, White, atc. Specify: White	
	15. DECEDENT'S EDUCATIO (Specify only highest grade come	DN 10	sa. DECEDENT'S	USUAL OCCUPATION	N	16b. KIND OF BUS	SINESS/INDUST		
COMPLETED	Elementary/Secondary (0-12) Co	plege (1-4 or 5+)	life. Do NOT u	work done during mo se retired.)	st of working				
MP	7		Far	mer		Agr ME (First, Middle, Meiden	icult	ure	
	17. FATHER'S NAME (First, Middle, Linst) Linwood Caspel	r Walters			TOTAL PROPERTY.			r	
B	19a. INFORMANT'S NAME (Type/Print)	Walters	19b, MAILING	ADDRESS (Street a		ary Louise Porter Rural Route Number, City or Town, State, Zip Code)			
유	Louise E. Walters Rt. 2 Box 193, C				le, M	ID 21617			
	20a. METHOD OF DISPOSITION 1 🔀 Burlai 2 🗆 Cremation 3 🗆 Removal	fones Canto	ther place)		netery, cremetory or			or Town, State QA CO.	
	4 Donation 5 Other (Specify)		steri		Metery D ADDRESS OF FAC		ntrevi	lle, Maryland	
	Inomas K. Fley	enhi		Tom	Helfenl			Homes, PA 21623	
	23. PART i. Enter the diseases, or comp shock, or heart failure. List			not enter the mo	de of dying, sucl	h as cardiec or respi	iretory arrest	Approximate interval Between	
	disease or condition					Onset and Death			
	resulting in death) a	DUE TO (OR AS A C	ONSEQUENCE O	Fric C	ances				
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	OUE TO (OR AS A C	ONSEQUENCE O	PF):					
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO	ONSEQUENCE O	PF):					
PART if. Other significant conditions contributing to death but not requiting in the underlying cause given in Part I. 24e WIS AN AUTOPSY 24b V				24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?					
N: MEDICAL								1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Normal 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 27. MANNER OF DEATH 28s. DATE OF INJURY (Morth, Day, Year) 26t. INJURY WORK?									
						EO			
тер ву	2 Accident Investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)				•	281. LOCATION (Street City or Town, State) Chester	1	Aural Route Number, Md Z1620	
Subcide 8 Could not be determined building, etc. (Specify) 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.						ause(a) and menner as stated.			
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	100			29c. LICENSE NUI	WBER		IGNED (Month, Day, Year)	

Medical Building, Chestertown,

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Julia Davidson Pandall

Michael Bienefeld, MD
31. DATE FILED (Mornin, Day, Year) 32. REGISTRAR'S SIGNATURE

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al once.

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	544	3.	TIME OF DEATH	_
		Harry Me	lvin	Welch		February	4. 199.	YEAR 8	:30 A	M
	4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)			CE (State or Foreign	_
		1√M 2 □ F	69 YRS.	WINS DAYS	HOURS MIN.	9-17-2	2 (reville.	•
0"	9a. FACILITY NAME (If not institution, give stre			. CITY, TOWN O	R LOCATION OF D	EATH		Y OF DEAT		
TOF	Kent & Queen Anne'	s Hospital,	Inc	Chest	ertown		Ken	t Cou	nty	
EC	10a. STATE 10b. COUNTY		10c. CITY, To	OWN OR LOCATI	ON			100	1. INSIDE CITY	=
DIRECTOR	Md. Oueen	Anne	Contr	eville					LIMITS?	
AL	10a. STREET AND NUMBER				ZIP CODE		10g. CITIZE		COUNTRY?	
FUNERAL	Rt. #1 61-D De	eaver Branch	Rd.		21617		USA			
5		12. WAS DECEDENT EVER IN 1 FORCES? 1 YES	U.S. ARMED			NIC ORIGIN? (Specify		. RACE —	American Indian,	-
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT		1 Tyes, spe	2 NO Specif	in, Puarto Ricen, atc.) y:		Black, Wi Specify:	hita, etc.	
	15. DECEDENT'S EDUCA	ATION							nite	
COMPLETED	(Specify only highest grade or Elementary/Secondary (0-12)	ompleted)	(Give kind of work life. Do NOT use re	done during mos	N It of working	16b. KIND OF E	USINESS/INDUS	TRY		
2	6th grade	College (1-4 or 5+)	Farmer	,		_				
O	17. FATHER'S NAME (First, Middle, Last)		raimer		16. MOTHER'S NA	Farm ME (First, Middle, Maid	an Sumame)			_
BE C	Harry Vincent	Welch				elma Sev				
TO B	19a, INFORMANT'S NAME (Type/Print)		19b. MAILING ADI	DRESS (Street an	d Number or Rural	Route Number, City or T	wn, State, Zip Ci	ode)	21617	_
F	Frances V. Wel	ch	Rt 1	61-D	Deaver	Branch	Rd. Ce	ntre		
	20a. METHOD OF DISPOSITION Name of the second seco	zel trom State	PLACE AND DATE OF D	ISPOSITION (Nan			OCATION — CH			<u></u>
	4 Donation 8 Other (Specify)	C	hesterf:	ield C	om 2/6	/92 Cer	trevi	lle.	Md.	
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE								
	Mymas K.	Hellerhin		Tom	Helien	bein Fur	eral	Home	1	
	23. PART I. Enter the diseases, or co	mplications that caused t	the death. Do not	enter the mod	la of dying, auc	h aa cardiac or rea	piratory arrea	t, M	Approximate	9
	ahock, or heart failure. List ofily one cause on each line. Interval Between Onset and Death									
disease or condition a. Chronic obstructive pulmonary disease										
		DUE TO (OR AS A C	ONSEQUENCE OF):	ſ	7	101				
ON	Sequentially list conditions, b.	me senteri	c thro	nbosi	5 0+	bowel				
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OH AS A C	ONSEGUENCE OF):							
FIC	CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS A C	ONSEQUENCE OF):							-
H	resulting in death) LAST									
- 13	DART II Other simultiness and disco-									
SAL	PART II. Other aignificant conditions	contributing to death but	not resulting in th	he underlying	cause given in	Part I. 24a. WAS A	N AUTOPSY DRMEO?		RE AUTOPSY FINDINGS ILABLE PRIOR TO	
ğ						1 🗆 YES	2 7 10		IPLETION OF CAUSE OEATH?	
Σ						_		10	YES 2 NO	1
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			20 01 0	OF OF OFATH #0:					
Sic		HOSPITAL:		THER:	CE OF DEATH (Ch					\dashv
H	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME OF			8 Other (Specify) 28d. OESCRIBE HOW	INJURY OCCUR	SED.		4
ВУ Р	1 Netural 5 Pending	(Month, Day, Year)	INJURY	WOR	K7 ES 2 NO					1
								Number,	\dashv	
TED	4 Homicide datarmined	building, etc. (Specify	,			City or Town, Stat	a)			1
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSICIA	AN: To the best of my knowled	ige, death occurred at	the time, data a	and place, and due	to the cause(s) and m	enner se stated	-		1
MO		On the basis of examination a						euse(s) and	manner as stated.	1
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUN		1			4
BE	~	fr	10						nth, Day, Year)	
일	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH	H (ITEM 27) (Type, Prin	()			1 4			4
	31. DATE FILEO (Morth, Day, Year)	32. REGISTRAR'S SIGNAT	URE							4
	0 32	Julia Davidson-M	andell							

permit. Pages 1, 2, 3 should

31. DATE FILED (Month, Day, Year)

FEB 1 9 1992

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be extrained within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and converse miled in by the huneral director, page 5 should be detached for use as the burnarinary	ntal Hygiene prior to but cremment of or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumette west the medical examiner must be notified at once.
FENDING PHYSICIAN: The law requires that the death certificate be	DR: After this certificate has been signed by the attending physicia	fter death with the State Dept. of Health and Mental Hygiene prior	8 is marked, or item 23 shows any Injury, or other trau
TO THE HOSPITAL OR ATT	TO THE FUNERAL DIRECT	be filed within 72 hours af	IMPORTANT: If item 21

92 06235 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Nannie WILSON February 992 5:22 A 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) Oct 12 1904 8. BIRTHPLACE (State or Foreign 1 ☐ M 2 🔯 F Not Available 87 YRS. Md. 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Avalon Manor Hagerstown Washington RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Allegany 1 X YES 2 NO Westernport FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 95 Main St. 21562 US 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES TO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuban, Maxican, Puerto Rican, etc.)

1 ☐ YES 2 ☐ NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married 3 Widowed 4 Divorced BY Specify: White COMPLETED 15. DECEDENT'S EOUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 166, KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) Unknown None N/A 17, FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Samue1 Martin Edna Kevs BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Leslie 4333 Huntsline Dr., Highland, Mich. 48031 Martin 20g, METHOD OF DISPOSITION 1 X Burtal 2 Commatton 3 C 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State Laurel Hill Cem. 4 Donation S Other (So 21. SIGNATURE OF FUNERAL SI Barton, Md ERAL SERVICE 22. NAME AND ADDRESS OF FACILITY Boal-Warnick Funeral Home 111 Church St. Westernport, 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause op each line. Approximate Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) Respiratory Ensul DUE TO OR AS A CONSEQUENCE OF CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF If any, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE Congestive Heart Freiding 1 TYES 2 NO OF DEATH? 1 ☐ YES 2 ☐ NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** OTHER: HOSPITAL 1 - YES 2 19-10 1 | Inpatient 2 | ER/Outpatient 3 | DOA Rursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Netural 5 Pending BY 1 YES 2 NO Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide 29a. CERTIFIER
(Check only one)

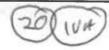
MENICAL SYAMMED, On the best of my knowledge, deeth occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) Dr 11 Feb. 1992 D04963 2 30. NAME AND AODRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Ntm. M. Fender M.D. 138 E. Antietam St.

32. REGISTRAR'S SIGNATURE 32. REGISTRAR'S SIGNATURE Hagardon MD 21743

BALTIMORE MARYLAND 21215-0020	number trained by the hospital or attending physicia	r, per 5 though by detached for use as the burial-tr	at be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 24 hours after death. Page 6 muses a muse a muse to the hospital or attending physicia	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, and 5 minuth by detached for use as the burial-to be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner mixed, he maillined at once.
	TO THE HOSPITA	TO THE FUNERAL	IMPORTANT: IL

i	1. DECEDENT'S NAME (First, MEANUEL								2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH					
1	JAMES	JAMES WILLIAMS						02				2:19	PM	
ì	4. SOCIAL SECURITY NUMB	NER	5. SEX	6. AGE (In y	rrs. last birthday)			IF UNDER 24 HRS.	7. DATE OF BIRTH 8. BIRTHPLACE (State					vign
	579-42-9355		1 M 2 - F	59	YRS.	MONTHS	DAYS	HOURS MIN.	06-1	87-193	2	Coura	Virginia	l
)	9a. FACILITY NAME (If not in	stitution, give str	eet and number)			9b. CITY	, TOWN	OR LOCATION OF E	DEATH		9c. COU	NTY OF D		
	PRINCE	GEORGE	'S HOSPI	TAI C	FNTFR		CHE	VERLY			PRIN	ICE O	GEORGE'S	
	RESIDENCE OF DEC	EDENT	<u> </u>	174							11 (210)	ACE C	DEONGE 5	_
	10a. STATE	10b. COUNTY	0	1		TY, TOWN							10d, INSIDE CITY	
- 18	Maryland	Princ	e George	3 'S	ну	attsv	1110	e					1 YES 2 N	10
	10e. STREET AND NUMBER						10	1. ZIP CODE			10g. CIT	IZEN OF	WHAT COUNTRY?	
	5914 Gallat	in Str						20781			U.S	A.		
	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.	S. ARMED	13.	WAS DEC	CENDENT OF HISPA	ANIC ORIGIN	? (Specify Yes	or No-	14. RAC	E — American Indiar k, White, atc.	١,
I	1 Never Married 2 3 Divo		IF YES, GIVE V	WAR OR DATE	S			2 NO Spec		roun, etc.)		Spec	44	
╟				, 3 Ko									White	
	15, DEC (Specify only	EDENT'S EDUC y highest grade o	ATION completed)	18	(Give kind of	work done	CCUPATION TO COURT OF THE COURT	ON ost of working	16b.	KIND OF BU	SINESS/INC	DUSTRY		
	Elementary/Secondary (0		College (1-4 or 5		life. Do NOT		o le o	0.034	,	.F.C.				
	12th Gra			W	arehou	se Pa	ска	ger	1	.F.U.				
	17. FATHER'S NAME (First, M		******					18. MOTHER'S N	_	_				
1		_	Williams	5				Ruth			issor			
	TRA. INFORMANT'S NAME (5)							and Number or Rum					20700	
	Janeen Finn	-			9598	Muirk	cirk	Road, A	pt.T-	Z, La	urel,	Md	20/08	
	20s. METHOD OF DISPOSITI 1 12 Burtal 2 12 Operation	n 3 C Same	yal from State	20b. PL	ACE AND DATE	of DISPOS	SITION (No	eme of	DATE	20c. LO	CATION —			
ŀ	4 Donation & Donat	(Signatily)	10	Md	State			s Cem. 2					Maryland	l .
ı	21. BIGNATURE OR PUMERA	BENVICULIC	DASHE	V		22. Fr	NAME A	no address of F is Gasch	ACILITY	ns Fu	neral	Hor	ne. P.A.	
1	1 aug	17/2	120	ha.									, MD 2078	1
7	23. PART I. Enter the di	seases, or co	omplications the	at coused th	ne deeth, Do								Approximat	
H	shock, or ne	eart failure. L	ist Dnly Dne cau	uae on eech	line.		-	G					Interval Bet	ween
lì	IMMEDIATE CAUSE (Fin disease or condition		1.		1			1	-				Onset and	Death
ı	resulting in death)		DUE TO Hyper	OR AS A CO	ONSFOLIENCE O	DEI:	7-	1 graphy	7					
			Hunn	Je .	· has	1000	51	1. xx	Cu	en M	when	a		
	Sequentially list conditi	Oris,	DUE TO	(OR AS A CO	ONSEQUENCE (OF):	200					700		
1	cause. Enter UNDERLY!	NG												
ļ	CAUSE (Disease or Inju- that initiated events	ν <u> </u>	DUE TO	OR AS A CO	ONSEQUENCE (OF):								_
ı	resulting in death) LAS'	T												
1														
ı	PART II. Other significa				not resulting	in the ur	deriyin	g cause given in	Part I.	24s. WAS AN PERFOR		24b	WERE AUTOPSY FIN	
	Desher	us 1	veller	w					1	1 TYES 2	NO		COMPLETION OF CA	USE
													1 YES 2 NO	
۱														
	25. WAS CASE REFERRED TO EXAMINER?	_						LACE OF DEATH (C	heck only one)				
	10 YES 2 NO		HOSPITAL:	ER/Outpatie	ent 3 🗆 DOA	OTHER		ne 5 🗆 Residence	8 🗆 Other	(Specify)				
1	27. MANNER OF DEATH		28a. DATE OF (Month, D		28b. Til	ME OF	28c. INJ	JURY AT	28d. DES	CRIBE HOW I	NJURY OC	CURED		
ı		Pending Investigation	(Month, D	omy, roury	"	M		YES 2 NO						
1	3 Sulpido	Could not be	28a. PLACE O	OF INJURY -	At home, lerm,	street, fact	ory, offic		281. LOCA	TION (Street a	ind Number	or Rural I	Route Number,	
1		determined	ounding,	, atc. (Specify)					City o	r Town, State)				
	29e. CERTIFIER 1 CERT	IFYING PHYSIC	IAN: To the hear of	I my knowled	no doub	and at the s	lan der	and also 4 :		4-4				
			IAN: To the best of										i) and manner sa ste	
						ort, at my c	prinon, 0			and place, an	a dua to th	A CHUSO(1	i) and manner sa ste	ied,
-	29b. SIGNATURE AND TITLE	OF CERTIFIER	0					29c. LICENSE NU	IMBER		29d. DAT	E SIGNED	(Month, Day, Year)	
	/	1.11	200											
	busin	West	ومدو					01716	2		7	45	192	
	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAU	SE OF DEATH	(ITEM 27) (Type	e, Print)	the	0/716	um	ne/b	21 1	45	20772	
	30. NAME AND ADDRESS OF LONG W. 31. DATE FILED (Month, Day,	hitby	mp	9550	6 CRA	mit	the	0/716 y Upr	n m	me/b	21 1	10	2772	



The state of the s

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND /		RTMENT				MENTA	NL HYGIEN	IE .	16	00231
	1. DECEDENT'S NAME (First, Middle, Last)								2. DAT	E OF DEATH			3. TIME OF DEATH
	LEWIS A.	7	WHITE .	SR					Fel	TH D	. 199	YEAR	1/30A M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		IF UNDER		IF UNDER	24 HRS.	7. DATE	OF BIRTH	1	6. BIRTH	PLACE (State or Foreign
1	577-16-0247	1 💢 M 2 🗌 F	76	YRS.	MONTHS	DAYS	HOURS	MIN.		th, Day, Year)	075	Country	
1	9e. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY,	TOWN (OR LOCATI	ON OF D		1.0 9 1.		TY OF DE	aine
FUNERAL DIRECTOR	1423 Shore Di	rive				Edg	gewa	ter					rundel
JEC	10e. STATE 10b. COUNTY	Υ		10c. CIT	Y, TOWN O	R LOCAT	TION						10d, INSIDE CITY
1	Maryland Anne	Arund	ما	TE	dgew	2+0	. 22						LIMITS? 1 YES 2 NO
A	100. STREET AND NUMBER	- Al-Hiller	-		de ew		. ZIP CODI				10a, CITIZ		HAT COUNTRY?
ER	1423 Shore Dri	We					210	37				S.A	
3	11. MARITAL STATUS	12. WAS DECEDEN	IT EVER IN U.S. ARI	MED	13. 1	NAS DEC			NIC ORIGI	N? (Specify Yes			- American Indian,
	1 Never Merried 2 Merried	FORCES? 1	YES 2 N	10	t	t yes, sp	ecify Cube	n, Mexico	n, Puerto	Ricen, etc.)	01110	Black,	White, etc.
B	3 Widowed 4 Divorced		- 1935		'	1E3	2 85 NO	Specif	у:			Whi	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DEC	CEDENT'S	USUAL OC	CUPATIO	ON		16	b. KIND OF BU	SINESS/IND		
9	Elementary/Secondary (0-12)	College (1-4 or 5	life	Do NOT us	work done a se retired.)	unng mo	st of worldr	ng					
N P	12		Elec	tro	nic	Tec	chni	cia	n	Civi:	l Se	rvic	e
0	17. FATHER'S NAME (First, Middle, Last)						18. MOT)	HER'S NA	ME (First,	Middle, Maiden			
BE	Robert White						Ne	11i	e Al	bott			
	19e. INFORMANT'S NAME (Type/Print)		19h	. MAILING	ADDRESS	(Street a				ber, City or Tow	n, State, Zip	Code)	
2	Dorothy M. Whi	ite								gewat			1037
ľ	200. METHOD OF DISPOSITION		20b PLACE A	ND DATE	OF DISPOSI	TION /Ata	me of	,	/ 047	E 20c. LO	CATION — C	alty or Tow	n. State
	1 🕮 Burlel 2 🗆 Cremetion 3 🗆 Remo	oval from State	aryl	natory or o	ther place)	ara	lne Z	18 A	/92	20c. LO	*** # 377	רר:	, MD
	21. SIGNATURE OF FUNERAL SERVICE LIG	MISEE /	// /	. CL ALC.	22.1	NAME AN	ID ADDRES	SS OF FA	CILITY	PTO	VIISVA	ГТТЕ	
	Harry Dell of	44	//		Ta	ylo	rF	une	ral	Chape	el		21401
-	JUNDEN A	My/4			14	7 G	lou	ces	ter	St.,A	nnaj	oli	s,MD
	23. PART I. Enter the diseases, or c ehock, or heart failure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Co.	OR AS A CONSEO	Co	Jon	tha mo	da of dyl	ng, suc	h as cer	diec or reapi	ratory arre	est,	Approximata Interval Between Onset and Dauth
CERTIFICATION	Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	с	(OR AS A CONSEO										
2	PART II. Other significant conditions	- anatultuiting to	Allen Elle Bakin	201 1									
PHYSICIAN: MEDICAL		s contributing to	Castri Dut Hot Fe	suning	in the unc	eriying	cause g	lven in	Part I.	24a. WAS AN PERFOR 1 TYES 2	MED?		WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
₹	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF DE	FATH (Chi	ack only o	nel .			
္က	EXAMINER?	HOSPITAL:	ER/Outpatient 3	7001	OTHER	:							
ž	27. MANNER OF DEATH	28e. DATE OF		28b. TIM	-	ing Home 28c, INJU	5 Res	sidence					
	1 Netural 5 Pending	(Month, Di		INJ	URY	WOI	RK?	1	280. DE:	SCRIBE HOW th	JURY OCC	URED	
à	2 Accident Investigation 3 Suicide 6 Could set by	28e PLACE O	F INJURY — At hor	no form o	tenet tente		ES 2 _	NO					
COMPLETED	4 Hemtcide determined	building,	atc. (Specify)		Armet, tecto	ry, omce			City	ATION (Street e or Town, Stete)	nd Number o	or Runal Ro	ute Number,
립	(Check only 1 DERTIFYING PHYSIC	CIAN: To the best of	my knowledge, des	th occurre	d at the tin	ne, date	end place,	end due	to the car	ise(s) end men	ner es state	d,	
8	one) 2 MEDICAL EXAMINER	A: On the baels of ex	uamination end/or tr	vestigatio	n, in my op	inion, de	eath occur	ed at the	time, date	end place, end	due to the	cause(e)	end manner es stated.
	295-SIGNATURE AND TITLE OF CERTIFIER						29c, LICE						Wonth, Day, Yeer)
H H	Dams (hose	num				n	1 (0)	0 / -	11	290. DATE	SIGNED	Wonth, Day, Year)
임	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	SE OF DEATH (ITEM	27) (Type	Print)		V	10	70	<u> </u>	0	2-15	-40
	James Cha	conas	, MD		500	7 6	Ritc	hie	Hu	UV A	rno	10	MS1012
	FEB 18 199	2 Julie de	P'S SIGNATURE	dell.						1			

201- Jan 201 1979

TIME OF DEATH

PHYSICIAN: MEDICAL CERTIFICATION

BY

COMPLETED

2

TO THE HOSPITAL OR ATTENDING PHYSICIA
TO THE FUNERAL DIRECTOR: After this certi
be filed within 72 hours after death with the
IMPORTANT: If Item 28 is marked, or

FUNERAL DIRECTOR

ВУ

COMPLETED

BE

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Pages 1.

permit.

													92	2
FOR STATE REGISTRAR	STATE OF	MARYLAND /	DEPAR	TMEN'	T OF H	EALTH DEAT	AND TH	MEN	ITAL	HYG REG.		:		
1. DECEDENT'S NAME (First, Middle, Las	et)								DATE O	F DEAT	H		YEAR	3.
LOLA	Μ.	WALK	ER					F	b.	-10	6 .	19		
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.			BIRTI			8. BIR	THPL
209-12-4379	1 M 2 KF	88	YRS.	MONTHS	DAYS	HOURE	MIN.	Ma		Day: Yes		0.3	1 34	rV
9e. FACILITY NAME (If not institution, give	e street end number)			9b. CITY	, TOWN	OR LOCATE	ON OF D			40		<u> </u>	UNTY OF	_
Anne Arundel	Medical	Cente	r		Ann	apol	is					An	ne .	Ar
10e. STATE 10b. COU	YTY		10c. CIT	Y, TOWH	OR LOCAT	ION								10
Maryland An	ne Aruno	del	A	nna	pol	is								1
10e. STREET AND NUMBER						. ZIP COD	E					10g. Cl	TIZEN OF	F WHA
	Creek F	Road	_			214	103						U.	S.
11. MARITAL STATUS		T EVER IN U.S. ARI				ENDENT C						or No-	14. RA	CE -

2:30 PM CE (State or Foreign land undel d. INSIDE CITY LIMITS? YES 2 NO T COUNTRY? 2 Married IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify 3 Wildowed 4 Divorced Specify White 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12 Homemaker Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surneme) Alfred Thomas Brewer Verdie M. Gosnell 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 21403 Harness Gloria Sheckells Creek Road Annapolis, MD 20e. METHOD OF DISPOSITION
1 Duriel 2 Cremetton 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 2/17/08-2 20c. LOCATION — City or Town, State etropolitan Crematory Alexandria, STONATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Chapel 21401 147 Gloucester St., Annapolis 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory errest. Approximats shock, or heart fellure. List only one ceuse on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death diseese or condition resulting in death) menn TO (OR AS A CONSEQUENCE MISMIA Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, lasding to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 | YES 2 | NO ulun. 1 YES 2 10 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) **EXAMINER?** OTHER:
4 □ Nursing Name 5 □ Residence 6 □ Other (Specify) 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c, INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, ferm, atreet, factory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 8 Could not be 4 Homicide 29e. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29d. DATE SIGNED (Month, Day, Year) 4 enn PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) SAMARA

Min 31. DATE FILED (Month, Per

32. REGISTRAR'S SIGNATURE

The second secon

The second of the second

100	P	6
24	/ file	tion,
within	npletel	crema
ecuted	nd con	burial,
8	n a	2
A	Ca	rior
rtificat	of phys	giene p
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death	afte	ental
the state	=	2
Tal.	6	an
Jires (signe	Health
를	Ben	6
AMP :	d ser	Dept.
Ē	cate !	state
ICIAA	ertifi	the S
PHYS	this c	With
DING	After	death
TTEN	CTOR	after
OR A	DIRE	hours
M	M	2
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in	filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or
표	표	Piled

	4. SOCIAL SECURITY NUMBER	5. SEX 8. A		Rebeco	_		MONTH	_	" 15 g	2	8:00 P M
	579-28-0675	1 M 2 X F	AGE (in yrs. lesi birthda) O 1 YRS.			HOURS MIN.		Day, Year)	1900	Country)	ACE (State or Foreign
20	98. FACILITY NAME (If not institution, give SOUTHERN MESIDENCE OF DECEDENT	street end number) 1D Hosp. C		9b. CITY, 1		LOCATION OF D		20,	9c. COUNTY Priv	OF DEA	-
DIRECTOR	10e. STATE 10b. COUNT	nce Georg		Camp							0d. INSIDE CITY LIMITS? TYES 25 NO
FUNERAL	100. STREET AND NUMBER 6304 Davis BJ	1			10f. Z	20746	5		10g. CITIZE	US	AT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVI FORCES? 1 Y IF YES, GIVE WAR O	YES 2 00	11	yes, speci	IDENT OF HISPAI Ify Cuben, Mexico	NIC ORIGIN? In, Puerto Ri		or No- 14	RACE -	- American Indian, White, atc. White
ED	15. DECEDENT'S ED (Specify only highest grad		16a. DECEDENT	'S USUAL OCC If work done du use retired.)			16b.	KIND OF BU	SINESS/INDUS	TRY	
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)		emake	r			Own	Home	<u> </u>	
	17. FATHER'S NAME (First, Middle, Lest)	3-4			1	18. MOTHER'S NA					
2	John L. Land	istreet	19b. MAILH	IG ADDRESS (Street and	Mary Number or Rural				ode)	
-	Mary Cox										.20744
	1202 METHOD OF DISPOSITION 1202 Method 2 Cremation 3 Ref 4 Donation 6 Other (Specify)	moval from State	206. PLACE AND DAT cometery, crematory of Arlingt	other place)			- 9 20ATE		cation - city		
	21. SIONATURE OF FUNERAL SERVICE L	De Lofa	l	663	AME AND		exand	ee F			ome, Inc.
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	b. Over TO (OR)	AS A CONSEQUENCE	of b	oce	luse	5				Onset and Death
. MEDICAL	PART II. Other aignificant condition	na contributing to deat	th but not resulting	In the und	eriying c	ceuse given in		24a. WAS AN PERFOR	MED?	AN CC OI	PRE AUTOPSY FINDINGS MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH? YES 2 NO
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 LINO	HOSPITAL:	Outnotiers 2 DOA	OTHER:		5 Residence					
BY PHY	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26e. DATE OF INJUI (Month, Day, You	RY 26b. T		8c. INJUR WORK	Y AT			NJURY OCCUP	RED	
9	3 Suicide 6 Could not be determined	28e. PLACE OF INJ building, atc. (URY — At home, ferm Specify)	, street, factor	y, office			TION (Street of Town, State)	and Number or	Rural Rou	te Number,
ALL IN										-	
COMPLE	2 MEDICAL EXAMIN	SICIAN: To the best of my ki								euse(e) e	nd manner ee stated,
8	(Check only 2 MEDICAL EXAMIN MEDICAL EXAMIN MEDICAL EXAMIN	ER: On the beele of examin	eation end/or investigation	tion, in my opi	nion, deat		time, data e		d due to the c		onth, pay, Year)
TO BE COMPLET	(Check only 2 MEDICAL EXAMIN	ER: On the beels of examin	F DEATH (ITEM 27) (7)	pe, Print)	nion, deat	th occured at the	time, data e		d due to the c		

The street of the second

The materials referenced the management

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY FUNERAL DIRECTOR

1

92-	1155-	5 1 0
FOR Items STATE REGISTRAR	s: 23	28a STAT
I. DECEDENT'S NAME (First	, Middle, Last)	
	Kermi	t
. SOCIAL SECURITY NUME	BER	5. SEX
16-74-9597		1 🖄 M
e. FACILITY NAME (If not if	istitution, give si	reet and r
2015	Ram	blev
IOa. STATE	10b. COUNTY	,
Md		
2015 Ramb T	ewood Ro	ad
II. MARITAL STATUS Never Married 2 Widowed 4 Divo		12. WAS FOR IF Y
15. DEC (Specify onl	EDENT'S EDUC	CATION
Elementary/Secondary (12th)-12)	College

a,b,c,d,e,f
rtI,27 per MEO G-685 3/18/92 reb
TE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF			3. TIME OF DEATH
	Kermi	0.		Aski	ns,	Jr		MONTH 2	2 9	9 2	2:39 A. M
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. las		IF UNDER	1 YEAR	IF UNDER 24 HRS.	7. DATE OF		8. BIRT	HPLACE (State or Foreign
	216-74-9597	1 🖄 M 2 🗆 F	31	YRS.	MONTHS	DAYS	HOURS MIN.	10-5	-1960	Coun	Md
	Sa. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY,	TOWN	OR LOCATION OF DI			COUNTY OF I	DEATH
DIRECTOR	2015 Rami	plewood	Road		Bal	tri	more C	ity			
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		7000					267			
E	Md Md				y, town o		TION				10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER			00	AT CHIN						1 X YES 2 NO
FUNERAL	2015 Ramblewood Ro	ad					21239			LI S A	WNAT COUNTRY?
M	11. MARITAL STATUS										
	1 Never Married 2 Married	12. WAS DECEDENT FORCES? 1 V IF YES, GIVE WA	YYES 2 N	MED	1	t yes, sp	CENDENT OF HISPA! ecify Cuban, Maxica	n, Puerto Rici		0— 14. RAC Bind	E — American Indian, k, White, atc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WA	R OR DATES		'	YES	2 NO Specif	y:		Spec	Black
COMPLETED	15. DECEDENT'S EDUC	CATION	18a. DE	CEDENT'S	USUAL OC	CUPATION	ON	16b. KI	ND OF BUSINES	S/INDUSTRY	- 10011
E.	(Specify only highest grade Elementary/Secondary (0-12)		(Gi	ve kind of v Do NOT us	work done one retired.)	during mo	ost of working				7
릴	12th	College (1-4 or 5+)	rs								
Š	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NA	ME (First, Mide	de, Maiden Suma	me)	
BEC	Kermit Q, Askins, Sr	•					Alicia	Macer			
TO B	19a. INFORMANT'S NAME (Type/Print)		198	. MAILING	ADDRESS	(Street 1	and Number or Rural	Route Number,	City or Town, Star	te, Zip Code)	1 001
F	Alicia Askins				1102	Drui	d Hill	Avenue	Baltimor	re, Md 2	21201
	20a. METHOD OF DISPOSITION	and doors State	20b. PLACE					DATE	20c. LOCATIO	N — City or T	own, Stata
	4 Donation 5 Other (Specify)	War from State	ce Garage	SOPP FO	brest!	Vete	ran Cem	3592	Owings	Milis,	Md
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE					ND ADDRESS OF FA				
	0.04	12) 01	Can				h F/H West				
	23. PART I. Enter the diseases, or o		-	eth Do -	01 00101	4300	Wabash A	venue			
	snock, or heart fallure.	List only one caus	e on each line		iot aintai	tive inc	de or dying, suc	ii aa colula	o reapitator	y arreat,	Approximata interval Between
	IMMEDIATE CAUSE (Finel disease or condition							_			Onset and Death
	resulting in death)	I	OR AS A CONSEC	NIENOE O		Ná	arcotic	Into	x1cat:	Lon	
		12 10 (AS A CONSEC	OENCE O	r):						
ō	Sequentially list conditions,	DUE TO (OR AS A CONSEC	UENCE OF	F):						
X	if any, leading to immediate cause. Enter UNDERLYING										j
Ĕ	CAUSE (Disease or injury that initiated events	DUE TO (R AS A CONSEC	DUENCE OF	F):						
MEDICAL CERTIFICATION	resulting in deeth) LAST										
2	0.07 (0.00 - 1 - 10 - 1 - 10 - 1										
<u> </u>	PART II. Other aignificent condition	contributing to d	eath but not r	eaulting i	In the un	derlyin	g ceuse given in	Part I. 24	PERFORMED?	PSY 24t	MAILABLE PRIOR TO
ă								_ b	PES 2 N	0	COMPLETION OF CAUSE OF DEATH?
M								_ 4			TES 2 NO
ä											,
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF DEATH (Ch	eck only one)			
YSI	1 NO YES 2 □ NO	1 Inpatient 2	ER/Outpatient 3	□ DOA			e 5 🎇 Residence	8 Other (S	(pecify)		
	27. MANNER OF OEATH 1 Natural Semending		Your focus	28b, TIM INJ	E OF URY		PK?		IBE HOW INJURY	OCCUREO	
ВУ	2 Accident linestigation	2/29/9	_	UKI			YES 2 X NO		known		
	3 Suicide 8 Could not be 4 Homicide determined	building, a			street, facto	ory, offic	•	281. LOCATION OF T	ON (Street and Nu. Fown, State)	Index or Rural	Route Number,
		found	at ho	me				Balt	imore,	Md.	
PL		ZIAN: To the best of n									
COMPLETED	079) 2 MEDICAL EXAMINE	R: On the basis of exa	mination and/or I	nvestigatio	n, in my o	pinion, d	leath occured at the	time, data an	d place, and dua	to the cause(a) and manner as stated.
	286-BIGNATURE AND THEE OF CERTIFIER	11.0					29c. LICENSE NUI	4BER	29d.	DATE SIGNED	(Month, Day, Year)
) BE	the 1 16	11/12					0.C.	M F	•	2-29	
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (ITER	1 27) (Type,	Print)		0.0.	11 <u>0 15 0</u>		2-29	12
	- DANK J.	BERT	// 1:			C + -	root D	01+4		M a 1	21201
	31. OATE FILEO (Month, Day, 100)		S SIGNATURE		eun	5 E	eer. B	altim	ore.	IVIER	and 21201
	MAR 0 5 1992	Via David	on-Aande	00							
		(1)	Non love								

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, gage 5 should be detached for use as the burial-transit nermit. Panes 1 2 3 should
be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND	DEPAR	RTMENT OF	HEALTH	AND	MENTAI		_	t.ep	00241
	1. OECEDENT'S NAME (First, Middle, Las."			ENTIF	ICATE OF	DEA	117	2 DATE	REG. NO		1	3. TIME OF DEATH
	Pauline Marian		Allen					MONTH	' वे	7 19	YEAR Pa	935 AM
		5. SEX	6. AGE (In yrs. In	st birthday) YRS.	MONTHS DAYS	HOURS	MIN.	(Month	OF BIRTH n, Day, Year)		6. BIRTH	PLACE (State or Foreign v)
	092-14-2830 9e. FACILITY NAME (If not institution, give s.		68	THS.				Marc	h 23,			w York
OR	Stella Maris	reet end number)			96. CITY, TOWN	SON	ON OF D	EATH			ITY OF DI	more
급	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	,		140- 007	Y, TOWN OR LOCA		-				-arti	
DIRECTOR		Itimore										10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	timore			Lutherv	IIIE	E			100 CITI	ZEN GE W	1 YES 2 NO
FUNERAL	2121 Pot Spring	Road					- 1093			- 17	SA	THAT COUNTRY?
필	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDEN	T EVER IN U.S. AI	RMED NO	13. WAS DE	CENDENT (OF HISPAN	NIC ORIGIN	? (Specify Yes	or No-	14. RACE Black	- American Indian, White, atc.
BY	3 Widowed 4 Divorced	, IF YES, GIVE Y	YES 2		1 🗆 YE	2 NO	Specifi	y:			Specif	h-
	15. DECEDENT'S EDUC	CATION	16a. Di	CEDENT'S	USUAL OCCUPAT	ON		165	KIND OF BU	DINESS (IND.	LICTRY	White
ETED	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5		ilve kind of Do NOT u	work done during m se retired.)	ost of worki	ng	100.	KIND OF BU	SINE 35/IND	USTRY	
릴		4		louse	ewife				Home	make	r	
COMPL	17. FATHER'S NAME (First, Middle, Last)					18. MOT	HER'S NA	ME (First, A	Aiddle, Maiden			
BE (Paul Waitstill El	lis					Ger	trud	le Br	own		
0	19a. INFORMANT'S NAME (Type/Print)		19	b. MAJLING	AODRESS (Street	end Number	or Rural I	Route Numb	er, City or Tow	n, Stete, Zip	Code)	
-	Dave B. Allen			2121	Pot Sp	ring	Roa	d l	Luther	ville	, ME	21093
li	20e. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Remo	oval from State	20b. PLACE cemetery, cre	AND DATE	OF DISPOSITION (A	ame of		OATE	20c. LO	CATION —	City or To	wn, State
	4 Donation 5 Other (Specify)	steasy/\/)	Metr	o Cr	ematory			2/92	Ca	tons	<u>ville</u>	, MD
	Dryant	J.ULW	y		Lem				Wiede	feld I	nc	
		lary			10 V	V. Pa	don	ia Ro	nad T	Timon	ium	MD 21093
	23. PART I. Enter the diseases, or cashock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	. Get	astatio		arcino							Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST		(OR AS A CONSE									
ਹ	PART II. Other algnificent condition	a contribution to	death but not	reaultine.	In the read-date		alassa In	D I	24a. WAS AN			
MEDICAL					an the underlyn	y cause (given in		PERFOR	MED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ż								_				
HYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				LACE OF D	EATH (Che	eck only on	0)			
YSI	1 TES 2 NO	1 Inpatient 2		□ DOA	OTHER: 4 Nursing Hor	ne 5 🗆 Re	sidence	6 🗆 Other	(Specify)			
F	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF (Month, D	INJURY Pay, Year)	28b, TIM		JURY AT ORK?		26d. DE\$	CRIBE HOW II	NJURY OCC	URED	
BY	2 Accident investigation					YES 2	NO					
TED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE C building,	F INJURY — At he atc. (Specify)	ime, farm, i	etreet, fectory, offic	:•		281. LOCA City o	ATION (Street e or Town, State)	nd Number	or Aural A	oute Number,
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINEI											and manner se stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	Celex	and			29c, LICE	2	HO8	7	29d. DATE	SIGNED	(Month, Day, Year)
-	30. NAME AND ADDRESS OF PERSON WHO				etella Ma	ris l	deol	ice.	Tows	on, M	۱d.	
	MAR 05 1992	a 32. REGISTRA	R'S SIGNATURE	-			10					
	TOUR DESIGNATION OF THE PROPERTY OF THE PROPER	1 when many of	on-handel	1								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transformed within 72 hours after death with the State Deut, of Health and Mental Hydene softer to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ter death. Page 6	the funeral directory	examiner mu
within 24 hours aft	pletely filled in by remation, or remo	ent, the medical examiner must be notified a
cate be executed v	hysician and comp orior to burial, c	or traumatic evi
t the death certific	by the attending p	Injury, or other
e law requires tha	has been signed I Dept. of Health a	23 shows any
VG PHYSICIAN: Th	ter this certificate ath with the State	narked, or Item
TAL OR ATTENDIA	VAL DIRECTOR: At 72 hours after de.	if Item 28 is r
TO THE HOSPI	TO THE FUNEF be filed within	IMPORTANT:

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CI	EKIII	ICALE	: OF	DEAT	н		REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last) PARNELL	н.			В	IDD	I.E		2. DATE OF MONTH	DA		YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. las	of hirthdead	IF UNDER		IF UNDER	04 1000	7. DATE OF	0		992	10:00A PLACE (State or Foreign
215-70-6239	1XX 2 □ F	33	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, i	Dey, Year)		Country	Md.
Se. FACILITY NAME (If not institution, give :	street and number)			9b. CITY	TOWN C	R LOCATIO	ON OF DE		30 3	9c. COUN	TY OF DE	
MARYLAND SHOCK	TRAUMA			BA:	LTI	MORE						
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	~											
Md.	•			Y, TOWN O			o:				- 1	10d, INSIDE CITY LIMITS? 1 X YES 2 NO
10e, STREET AND NUMBER	·		I Do	1161		e ,		LLY		10- 01717		HAT COUNTRY?
	iver Str	eet					2121	13		_	U.S	
11. MARITAL STATUS 1 N Never Married 2 Married 3 Nidowed 4 Divorced	12. WAS DECEDENT FORCES? X IF YES, GIVE W	TY VES 2 I	RMED NO	1	f yes, sp	ENDENT OF	1, Maxica	NIC ORIGIN? in, Puerte Ric y:	(Specify Yes an, etc.)	or No-	14. RACE Black Specifi	- American Indian, White, etc.
16. DECEDENT'S EDU	CATION	16a, DE	CEDENT'S	USUAL OC	CCUPATIO	ON .		16b. K	IND OF BUS	SINESS/INDU	ISTRY	
(Specify only highest grade	College (1-4 or 5 +	(G life		work done of se retired.)		st of working	g					
17. FATHER'S NAME (First, Middle, Last)						18. MOTH	ER'S NA	ME (First, Mic	idle, Maiden	Surname)		
	Biddle						eth		Pear			
19a. INFORMANT'S NAME (Type/Print)		19						Route Number				01010
Lethia Pears	son	20b. PLACE					St			ore,		. 21213
1 \(\triangle \text{Burial 2 } \to \text{Cremation 3 } \to \text{Rem} \\ 4 \to \text{Donation 5} \(\text{O Other (Specify)} \).	0	cometery, cre	ematory or o	ther place)	res	t V∈	et.	Cem.	OW	ings	Mi.	lls, Md.
21. SIGNATURE OF FUNERAL SERVICE LI	COPIESEE /	100	201			D AOORES			110	1 171	Mo	ach h Bree
23. PARTL Enter the diseases, or		MI	w	A M	m.C	. Ma	rcr	1 F/H	110	I E.	NO	rth Ave.
iMMEDIATE CAUSE (Finei disease or condition resulting in death)	s. Gun:	Shot (OR AS A CONSE	OUENCE O	วัน 🗥	ds	of	B	ack	and	(Le	1	Interval Betwee
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	b	(OR AS A CONSE	OUENCE O	F):								
that initiated events resulting in death) LAST	d	(OR AS A CONSE	OUENCE O	F):								
PART II. Other significent condition	e contributing to	deeth but not r	resulting	in the un	derlying	ceuse g	iven in	Part I. 2	4a. WAS AN			WERE AUTOPSY FINDINGS
									PERFOR			AMAILABLE PRIOR TO COMPLETION OF CAUSE
								- 13	YES 2	□ NO		OF DEATH?
								_				YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			·		26 DI	ACE OF DE	ATH CO.	eck only one)				
EXAMINER?	HOSPITAL:	FR/Outpetlant 2	- DOA	OTHER	t:							
27. MANNER OF DEATH	28a. DATE OF	INJURY	28b. TIM		28c. INJ		HGence	6 Other (5		JURY OCCL	IREC	
1 Natural 5 Pending 2 Accident Investigation	0.3-01	ny, Year)	INJ	IURY M	1 1	RK?	NO			WAS		T
3 Suicide 6 Could not be	28e. PLACE Of building,	F INJURY — At ho atc. (Specify)			ory, office	1		281. LOCATI City or	ON (Street a Town, State)	nd Number o	r Rural Ro	oute Number, M.D.
		S	TREE	I				2500	b1k	OLIV	VER	ST.BALTO
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI												and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER	в д					29c. LICE	NSE NUM	/BER				(Month, Day, Year)
New	- 6	hut				0.C	.М.	E		0:	3-02	2-1992
30. NAME AND ADDRESS OF PERSON WH	O COMPLETEO CAUS				VIN .	3 Tr	RAT	TIMO	DE M	ADVI	A NI D	21201
31. DATE FILED (Month, Bays-16am)	32, REGISTRA	NE SIGNATURE	1 TA •	TEI	A TA	J L .	חאח	LIMU	NE , MI	ALLLA	TND	21201
MADE		relia Devid	1-1	Inda 00								
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92 06243 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY 3. TIME OF DEATH Thomas YEAR Lester Berger 458 AM March 2 1992 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR 7. DATE OF BIRTN (Month, Day, Year) IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS 1 2 M 2 DF 47 212-50-4461 YRS. Pennsylvania Feb. 24 1945 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Francis Scott Key Medical Center Baltimore RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2812 Kentucky Avenue 21213 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yea, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Bleck, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 2 XNO 1 Never Married 2 Married BY 1 YES 20 NO Specify: Specify: White 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade co Elementary/Secondary (0-12) College (1-4 or 5 +) 12 Custodian Balto. City Schools 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Sumeme) Lester Milton Berger Evelyn Marie Lightcap BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Janet Marie Berger 2812 Kentucky Avenue, Balto., Md. 21213 20a. METNOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State 208. METROD OF DISPOSITION

1 Suriel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) Haven Memorial Park Schuylkill, PA 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Lemmon-Mitchell-Wiedefeld Martin D. Lawson 10 W. Padonia Rd., Timonium, Md. 21093 23. PART I. Enlar the disasses, Dr complications that caused the daeth. Do not entar tha mode of dying, auch as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. Intarval Between IMMEDIATE CAUSE (Final Onaat and Daath disease or condition_ Dilated Cardiamyopathy
DUE TO (OR AS A CONSCOUENCE OF): 2 months resulting in death) One of Anter Disease
Due to (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentielly list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in death) LAST PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24e. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS Pheumonia i End-Stage Renal Disease AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO Focal Glome roloschoosis; Hypertension i 1 YES 2 NO Hypercholester lemino 25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITA PHYSICIAN: 28. PLACE OF DEATH (Check only one) HOSPITAL:
15 Inpetient 2 - ER/Outpetient 3 - DOA OTHER:
4 □ Nursing Nome 5 □ Residence 8 □ Other (Specify) 1 YES 2 NO 27. MANNER OF DEATN 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending Investigation BY 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, term, street, tectory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Nomicide 29a. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner es stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

296. SIGNATURE AND TITLE OF CERTIFIES 6 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) SONNA

Larry

32 MEGISTRAB'S SIGNATURE
JUNIA DAVIDSON-RANGER

29c. LICENSE NUMBER

0326415

29d, DATE SIGNED (Month, Day, Year)

3/4/92

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	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH	v vean	3. TIME OF DEATH
	Ruth Elizabeth	Boyle		Feb. 29	1992	10 P "
			DER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRTI	IPLACE (State or Foreign
	219-36-2002 1 M 2 XF 94,	YRS. MONTH	8 DAYS HOURS MIN.	June, 7 1,	R97 Ma	aryland 0
	9a. FACILITY NAME (If not institution, give street and number)	9b. CI	TY, TOWN OR LOCATION OF E		9c. COUNTY OF D	
DIRECTOR	Stella Maris Hospice		Towson		Balt	imore
5	RESIDENCE OF DECEDENT				- 4	
<u>E</u>	Maryland Baltimore	Timor				10d. INSIDE CITY
	10e. STREET AND NUMBER	Tillor	Tulli			1 TYES 2 NO
A A			101. ZIP CODE		10g. CITIZEN OF V	
FUNERAL	2431 Chetwood Circle		21093		USA	
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U FORCES? 1 YES	I.S. ARMED 1: 2 YNO	3. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic	NIC ORIGIN? (Specify Yes	or No- 14. RACE	- American Indian, I, White, atc.
B∀	3 XWidowed 4 Divorced IF YES, GIVE WAR OR DATE	ES	1 YES 2 NO Speci			White
ED	15. DECEDENT'S EDUCATION	8e. DECEDENT'S USUAL	ACCUPATION .		<u> </u>	
	(Specify only highest grade completed)	(Give kind of work don life. Do NOT use retired	e during most of working	18b. KIND OF BUS	INESS/INDUSTRY	
COMPLET		Clerical -	Secretary	Dept	of Moto	or Vehicles
O	17. FATHER'S NAME (First, Middle, Last)			AME (First, Middle, Malden :		or venteres
	Joshua Howard Flook			Nikirk	sumeme)	
BE	19a. INFORMANT'S NAME (Type/Print)	19b MAILING ADDRE	SS (Street and Number or Rural			
2	Josephine B. Nester					
	20a. METHOD OF DISPOSITION 20b.PI	ACE AND DATE OF DIED	hetwood Circ		ATION — City or To	
	1 ★ Buriel 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify)	ory, crematory or other place	emetery 3/	/F/02 Has		,
	21. SIGNATURE OF FUNERAL SURVICE LITTINGE	22	2. NAME AND ADDRESS OF F	S/92 Hac	erstown	, MD
	Martin XI Jawoon		Lemmon-Mitch			
	Martin D. Ławson	10	W. Padonia	Rd., Time	onium, M	d. 21093
	23. PART I. Enter the diseasea, or complications that caused to shock, or haert failure. List only one cause on each	ha deeth. Do not ente h Ilna.	er the mode of dying, aud	ch as cerdiac or respir	atory arrest,	Approximate interval Between
	IMMEDIATE CAUSE (Final disease or condition	10 0	<u> </u>			0
	reaulting in death)	edial	LAGFART	ION SE	condai	en
	DIVE TO (OR AS A CO	ONSEQUENCE OF):	IMFART,			7
N	Sequentially list conditions, b. 10 HRTE	rial Scie	Rother HE	APT LIE	ase	
	if any, leading to immediate	ONSEQUENCE OF):				
14	Cause, Enter UNDERLYING					i
FICA	CAUSE, Disease or Injury CAUSE (Disease or Injury DUE TO (OR AS A CO	ONSEQUENCE OF				
RTIFICA		ONSEQUENCE OF):				
CERTIFICATION	CAUSE (Disease or Injury that initiated eventa resulting in death) LAST					
	CAUSE (Diseese or injury that initiated eventa DUE TO (OR AS A CO		underlying ceuse givan in			WERE AUTOPSY FINDINGS
	CAUSE (Disease or Injury that initiated eventa resulting in death) LAST		underlying ceuse givan in	PERFORM	AED?	AMILABLE PRIOR TO COMPLETION OF CAUSE
	CAUSE (Disease or Injury that initiated eventa resulting in death) LAST		underlying ceuse givan in		NED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	CAUSE (Disease or Injury that initiated eventa resulting in death) LAST		underlying ceuse givan in	PERFORM	NED?	AMILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL	CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other significant conditions contributing to death but 25. WAS CASE REFERRED TO MEDICAL		underlying ceuse givan in	PERFORM 1 YES 2	NED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
SICIAN: MEDICAL	CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but	not resulting in the u	26. PLACE OF DEATH (C)	PERFORM 1 VES 2	NED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
SICIAN: MEDICAL	CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CO DUE TO (OR AS	not resulting in the u	26. PLACE OF DEATH (Ch ER: uraling Homa 5 ☐ Residence	PERFORM 1 VES 2	MED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST DUE TO (OR AS A CO DUE TO (OR AS	not resulting in the u	26. PLACE OF DEATH (Ch ER: uraing Homa 5	PERFORM 1 YES 2 eck only one) 6 Other (Specify)	MED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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ED BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST DUE TO (OR AS A CO d	not resulting in the unit of the second of t	26. PLACE OF DEATH (Ch. ER: uraing Homa 5 Residence 26c. INJURY AT WORK? 1 YES 2 NO	PERFORM 1 YES 2 Peck only one) 6 Other (Specify) 28d. DESCRIBE HOW IN	JURY OCCURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ANO
ED BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST DUE TO (OR AS A CO d	ant 3 DOA 28b. TIME OF INJURY M	26. PLACE OF DEATH (Ch. ER: uraing Homa 5 Residence 26c. INJURY AT WORK? 1 YES 2 NO ctory, office	PERFORM 1 YES 2 1 YES 2 6 Other (Specify) 26d. DESCRIBE HOW IN 26t. LOCATION (Street ar. City or Town, State)	JURY OCCURED and Number or Rural Re	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ANO
ED BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST DUE TO (OR AS A CO DUE TO (OR AS A CO d	ant 3 DOA 4 A At home, term, street, tage, death occurred at the	26. PLACE OF DEATH (Ch. ER: ureing Homa 5 Residence 28c. INJURY AT WORKY 1 YES 2 NO ctory, office	PERFORM 1 YES 2 Tother (Specify) 28d. DESCRIBE HOW IN 28t. LOCATION (Street ar. City or Town, State)	JURY OCCURED Id Number or Rural Rever as stated.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ANO oute Number,
COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other algnificant conditions contributing to death but 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER/Outpatie 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Sulcide a Could not be determined 29a. CERTIFIER (Check only one) 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the beals of examination are	ant 3 DOA 4 A At home, term, street, tage, death occurred at the	26. PLACE OF DEATH (Chemical Plants of the Ch	PERFORM 1 YES 2 1 YES 2 1 Other (Specify) 28d. DESCRIBE HOW IN 28t. LOCATION (Street ar. City or Town, State)	JURY OCCURED Id Number or Rural Rural Rural as stated. due to the cause(s)	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Dute Number, and menner as stated.
BE COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that initiated eventa resulting in death) LAST DUE TO (OR AS A CO d	ant 3 DOA 200 MINUTED THE PROPERTY OF INJURY MARK HOME, term, street, targe, death occurred at the ad/or investigation, in my	26. PLACE OF DEATH (Ch. ER: uraling Homa 5 Residence 26c. INJURY AT WORK? 1 YES 2 NO ctory, office time, data and pleca, and dua opinion, death occured at the	PERFORM 1 YES 2 1 YES 2 1 YES 2 1 Other (Specify) 28d. DESCRIBE HOW IN 28t. LOCATION (Street an City or Town, State) to the cause(s) and manner time, date and place, and	JURY OCCURED Id Number or Rural Rever as stated.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Dute Number, and menner as stated.
E COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST DUE TO (OR AS A CO	ant 3 DOA 4 THE LEAST TIME OF INJURY M At home, term, street, taken the addor investigation, in my	26. PLACE OF DEATH (Chemical Plants of the Ch	PERFORM 1 YES 2 1 YES 2 1 YES 2 1 Other (Specify) 28d. DESCRIBE HOW IN 28t. LOCATION (Street an City or Town, State) to the cause(s) and manner time, date and place, and	JURY OCCURED Id Number or Rural Rural Rural as stated. due to the cause(s)	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Dute Number, and menner as stated.
BE COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST DUE TO (OR AS A CO	ant 3 DOA 4 A A A A A A A A A A A A A A A A A A	26. PLACE OF DEATH (Chemical Plants of the Ch	PERFORM 1 YES 2 1 YES 2 1 Other (Specify) 28d. DESCRIBE HOW IN 28t. LOCATION (Street ar. City or Town, State) to the cause(s) and manner time, date and place, and MBER	JURY OCCURED Id Number or Rural Rural Rural as stated. due to the cause(s) 29d. DATE SIGNED 22d.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Dute Number, and menner as stated.
BE COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST DUE TO (OR AS A CO	ant 3 DOA 2 THE PART OF INJURY M At home, term, street, targe, death occurred at the and/or investigation, in my Stella	26. PLACE OF DEATH (Ch. ER: uraling Homa 5 Residence 26c. INJURY AT WORK? 1 YES 2 NO ctory, office time, data and pleca, and dua opinion, death occured at the	PERFORM 1 YES 2 1 YES 2 1 Other (Specify) 28d. DESCRIBE HOW IN 28t. LOCATION (Street ar. City or Town, State) to the cause(s) and manner time, date and place, and MBER	JURY OCCURED Id Number or Rural Rural Rural as stated. due to the cause(s) 29d. DATE SIGNED 22 2	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Dute Number, and menner as stated.
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OF VI	PHYSICIAN:
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2
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	PITAL

	2, 3 should		
	Pages 1,		
ligardall.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 s		
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of are in	be detacl		at once
no inmanion	e 5 should		notified
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PRINCIPAL THE DAY EQUIES that the death of through the experied within a mount of the day of the most of the mount of the day of the most of the mount of the mou	d in by the	with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	irked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
A THERMAN	oletely filler	remation,	ent, the
מעברתובת	and com	to burial, o	matic ev
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VG PHION	ter this ce	ath with th	marked,
A AL LENGIL	RECTOR: AL	irs after de	m 28 is
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HE HO	HE FU	ed with	DRITA

	1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF I		MENTAL HYGIE		- 00243
	1. DECEDENT'S NAME (First, Middle, Last) Anna	Marie	Е	Blomeier		2. DATE OF DEATH MONTH March 2		S. TIME OF DEATH
	212-05-8664	1 □ M 2 💢 F	(In yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Sept. 22	1897	BIRTHPLACE (State or Foreign Country) Maryland
OR	9a. FACILITY NAME (If not institution, give street Manor Care - To				OR LOCATION OF DI	EATH	Baltin	
DIRECTOR	10e. STATE 10b. COUNTY Maryland Balti	more		y, TOWN OR LOCA				10d. INSIDE CITY LIMITS? 1 YES 2 XHO
FUNERAL	100. STREET AND NUMBER 314 Cranbrook	Road		10	11. ZIP CODE 21030		10g. CITIZEI	N OF WHAT COUNTRY?
BY FUN		12. WAS DECEDENT EVER OF FORCES? 1 YES	2 ND	If yes, s	CENDENT OF HISPAI	NIC ORIGIN? (Specify Y in, Puerto Rican, atc.) y:		Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)		work done during m ne retired.)	ION out of working		USINESS/INDUS	
OMP	17. FATHER'S NAME (First, Middle, Lest)		Seamst	ress	16. MOTHER'S NA	Hat Ma		uring
BE (James J. McEvoy					Hoffman		
2	Mary E. Clarke					Route Number, City or R		Md. 21030
	20e. METHOD OF DISPOSITION	ed from State	b. PLACE OF DISPOS	SITION (Name of co	emetery, crematory or	20c, I	OCATION — CIT	y or Town, State
	4 Donation 5 Other (Specify)		Baltimore		I Cemete		altimor	e, Maryland
	Bryan	W.Clary	ry	Lemn 10 V	non-Mitch V. Padon	nell-Wiede ia Rd., T	imoniu	m, Md. 21093
	23. PART I. Enter the disease, or conshock, or heart silure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death)	let only one cause on Cond	io Resta	inatry	ode of dying, suc	th ea cerdiac or rea	piretory errea	it, Approximata Interval Between Onset and Death
NO	Sequentially list conditions,	Cory	A CONSEQUENCE O	rtery	dugs	1		years
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		S (V) A CONSEQUENCE O	F):				yorrs
BY PHYSICIAN: MEDICAL CE	PART II. Other algnificant conditions	contributing to death		in the underlyi	ng cause given in	Pert I. 24a, WAS PERF	AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
AN:				-				
SICI/		HOSPITAL:	tpetient 3 DOA	OTHER:	PLACE OF DEATH (C	6 Cher (Specify)		
РНУ	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIR	IE OF 28c. II	JURY AT	28d. DESCRIBE HOV	W INJURY OCCU	RED
	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 5 Could not be 4 Homicide detarmined	28e. PLACE OF INJUR building, etc. (Sp	tY — At home, farm, ec/ly)		YES 2 NO	251. LOCATION (Stree City or Town, Sta	et and Number or ite)	r Rural Route Number,
COMPLETED	one)	IAN: To the best of my kno						i. cause(a) and manner as stated.
TO BE CO	296. SIGNATURE AND TITLE OF CERTIFIER PMum	lage at	4. Phy	nlian	29c, LICENSE NO	1MBER 4618	29d. DATE	3/9/92
	30. NAME AND ADDRESS OF PERSON WHO BIEWENIDUR 31. DATE FILED (Month, Day, Year)	. MATUS. 32. REGISTRAR'S SIG	M.D. 21	Crauls	ork Ry	Cocky	pull	1Md-21030
	MAR 05 1992	Juia Davidson						

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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92 26246

	FOR STATE REGISTRAR	STATE OF MARYLAI	ND / DEPARTI	NENT OF F	DEATH AND	MENTAL	HXGIENE	2 W0240
	1. DECEDENT'S NAME (First, Middle, Las	melma B. B. Cox	3	344 1	F 07/8	DATE OF	DEATH DAY	year 992 & M
	4. SOCIAL SECURITY NUMBER 213-22-5388 A Se. FACILITY NAME (If not institution, give	1 □ M 2 以 F 63	YRS.	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF	1928	BIRTHPLACE (Stant or Foreign Country) Md
DIRECTOR	Sinai Hospital			Baltimo		EATH	9c. COU	NTY OF DEATH
	100. STATE 10b. COUN	TY		imore				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	3344 Dolfield Aven				21216		Į	JSA
ВУ	1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 ☐ YES IF YES, GIVE WAR OR DATE	2 NO	If yes, sp	ENDENT OF HISPAN ecity Cuben, Mexica 2 X NO Specify	n, Puerto Rica	Specify Yes or No-	14. RACE — American Indien, Bleck, White, etc. Specify: Black
COMPLETED	15. DECEDENT'S ED (Specify only highest gra- Elementary/Secondary (0-12)	College (1-4 or 5+) PhD Dr's Degree	8e. DECEDENT'S USI (Give kind of work life. Do NOT use re	done during mo	ON st of working		imore City	
BE CO	17. FATHER'S NAME (First, Middle, Lest) Charles Banks					ME (First, Midde Slacum	fle, Malden Surname)	
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street a			City or Town, State, Zip	Code)
-	Leonard Cox				venue Bal	timore,		
	1 X Surfat 2 Cremation 3 Pag 4 Donation 5 Pother (Specify)	moval from State cemete	ACE AND DATE OF D iry, crematory or other AMPISON FOR	isposition/Na place) EST Vete	ran Cem	3692	Owings Mil	
	21. SIGNATURE OF FURERAL SERVICE L	Ebron		430	ch F/H We 0 Wabash A	venue		
	23. PART I. Enter the diseases, Drahock, or heert feilure IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Brady car DUE TO LOR AS A CO	n iina.			as cardiec	or reepiretory arr	Approximate Interval Between Onset and Death
CERTIFICATION	Sequantielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in deeth) LAST	b. of ffuse of our to for as a co	DNSEQUENCE OF):	perfor	ration	of K	jolon	4 1/2 weeks 4 1/2 weeks
PHYSICIAN: MEDICAL (PART II. Other significant condition	ns contributing to deeth but	not resulting in th	e underlying	ceuse given in	2.0	. WAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 YES A NO
NA N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			28. PL	ACE OF DEATH (Che	ck only one)		
YSK	1 TYES 2 NO	HOSPITAL: Inpatient 2 ER/Outpatie		HER: Nursing Home	5 🗆 Residence	6 Other (Sp	ecify)	
ВУ РН	27. MANNER OF DEATH Natural 5 Pending Accident Investigation	(Month, Day, Year)	28b. TIME OF INJURY	28c. INJU WOF M 1 Y		28d. DESCRI	BE HOW INJURY OCC	WRED
ETED B	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — building, stc. (Specify)	Al home, farm, street	, factory, office		281. LOCATIO City or To	N (Street and Number wn, State)	or Rural Route Number,
COMPLE	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	SICIAN: To the best of my knowledg	pe, death occurred at	the lime, data a	and place, end due	to the cause(e) and manner as state	ed.
띪	296. SIGNATURE AND TITLE OF CERTIFIE		10-		29c. LICENSE NUM	BER		SIGNED (Month, Day, Year)
2	30 NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE OF DEATH	(ITEM 27) (Type, Print	,		,	3	
	31. DATE FILED (Month, Day, Year) MAR () 5 1992	32. REGISTRAR'S SIGNATURE				-		

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DIVISION OF WIAL RECORDS, P.O. BOX 13146,	leath (and the said
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	REGISTRAR	C	ERTIFICATE (F HEALTH AND M OF DEATH	REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)	. COLEMAN			2. OATE OF DEATH DAY 29	3. TIME OF DEATH
	IA IAAI	S. SEX 6. AGE (In yrs. Ia		AR IF UNDER 24 HRS.	7. OATE OF BIRTH (Mogth, Day, Year)	BHRTHPLACE (State or Foreign Country)
DIRECTOR	99. FACILITY NAME (IT not institution, give stree ZZ/Z Poplar	GROVE 5	BAL BAL	TIMOR	E 9c. COUNT	Y OF DEATH
	10e. STATE 10b. COUNTY		BALT	IMORE		10d. INSIDE CITY LIMITS? 1 YES 2 NO
	106. STREET AND NUMBER 2212 POPIAN	GROVE 5	St	101. ZIP CODE 2/2/6	10g. CITIZE	5 A
	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Olvorced	2. WAS DECEDENT EVER IN U.S. AI FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES		DECENOENT OF HISPANIC s, specify Cuben, Mexican, YES 2 NO Specify:		4. RACE — American Indian, Black, White, etc. Specify:
	15. DECEDENT'S EDUCAT (Specify only highest grade coll Elementary/Secondary (0-12)	mpleted) (0	ECEDENT'S USUAL OCCU Sive kind of work done during b. Do NOT use retired.)		16b. KIND OF BUSINESS/INOU	STRY
	17. FATHER'S NAME (First, Middle, Last)	1EMAN		16. MOTHER'S NAM	E (First, Middle, Meiden Surneme) LE MOS E	Υ
	190. INFORMANT'S NAME (Type/Print) MARY FRANCIS	COLEMAN!	3506 MAR	reet and Number or Rural Ro NEILE Rd	Ballo, Md	21207
	26. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Remove 4 Donation 5 Other (Specify)	al from State 20b. PLACE other p	OF DISPOSITION (Nome lace) WOOd [WN CE	M Balto	ty or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICEN	Hay ton	Jan	TE AND ADDRESS OF FACI	eton tweel	il Home
NO	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	DUE TO OR AS CONSE	e L	no our		Approximeta Interval Betw Onset and De
ERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS A CONSE				
MEDICAL C	PART II. Other eignificant conditions	contributing to death but not	resulting in the under	fying cause given in P	PERFORMED?	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
CIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTHER:	88. PLACE OF DEATH (Chec	k only one)	
	1 YES 2 MO 1 27. MANNER OF DEATH 1 Plattural 5 Pending	Inpatient 2 ER/Outpatient :	3 DOA 4 Nursing	Home 6 Residence 6 WARRY AT WORK? YES 2 NO	Other (Specify)	MED
PH	2 Regident Investigation	29e. PLACE OF BUURY - At h			tel. LOCATION (Torest and Number of City or Rein, State)	
TED BY PHYS	3 Suitride 6 Could not be 4 Homicids determined	building, etc. (Specify)				r Rumi Route Numbec
ву РНУ	4 Momicide determined 29s. CERTIFIER (Check only)	building, etc. (Specify) NY To the heat of my knowledge, d			office cause(s) and manner as stated me, date and place, and due to the	

DHMH-16 Rev 1/89

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LANCE REPORT

SABATET HAS William Teller and the

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 2120

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
ist)	2. DATE OF DEATH DAY

	1 - FOR STATE REGISTRAR	OF MARYLAND	/ DEPARTM			MENTAL HYGI		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEAT	H	3. TIME OF DEATH
	WILLIAM A. CALDWELL J	R.				03	02 92	7:18 p. m
	4. SOCIAL SECURITY NUMBER 5. SEX	8. AGE (In yrs.	MON	INDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yea	7)	BIRTHPLACE (State or Foreign Country)
	215-18-5056 1XI M 2	12	YRS.			01/06/2		altimore, Md.
æ	98. FACILITY NAME (If not institution, give street and number DVA MEDICAL CNTR., FT.				R LOCATION OF DE	ATH	9c. COUNTY	
6	RESIDENCE OF DECEDENT	HOW ELD JIE		Fort	Howard		Balt	timore
DIRECTOR	Maryland Baltimore		Balti	WN OR LOCAT	ION			10d. INSIDE CITY LIMITS?
	Maryland Baltimore		Dail		ZIP CODE	-	TAGE OFFICE	1 ☐ YES 2 ☑ NO
FUNERAL	209 Middleway Road			101	21220	Te.		.S.A.
	1 Never Married 2 VMarried FORCES	CEDENT EVER IN U.S. 37 1 X YES 2		If yes, sp	cify Cuban, Maxica	IIC ORIGIN? (Specify n, Puerto Rican, atc.		RACE — American Indian, Black, White, etc.
BY	3 Wildowed 4 Divorced IF YES,	WWII		1 TYES	2 X NO Specify	r:		White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a.	Give kind of work	done during mo	N st of working	16b, KIND OF	BUSINESS/INDUST	TRY
P.E.	Elementary/Secondary (0-12) College (1-	4 or 5+)	ille. Do NOT use ret				Stool	
MO	17. FATHER'S NAME (First, Middle, Lest)		Steel V	vorker	18. MOTHER'S NA	ME (First, Middle, Ma	Steel	
BEC	WILLIAM A. CALDWELL S	SR.				Cai	rie Ed	na Smith
10 8	19a, INFORMANT'S NAME (Type/Print)		19b. MAILING ADI	PRESS (Street a	nd Number or Rural I	Poute Number, City or	Town, State, Zip Co.	de)
-	Mrs. LaVerne C. Can							21401
	20e. METHOD OF DISPOSITION 1 Surial 2 Cremetion 3 Removal from St 4 Donation 6 Other (Specify)	ntn othe	CE OF DISPOSITION Place)				LOCATION — CHY	
	21. SIGNATURE OF FUNERAL SERVICE LIGHTER	1010	WIISVII.	22. NAME AI	ID ADDRESS OF FA			
	Down & IV					ller Fu		
	23. PARY I. Enter the diseases or complication	ne that ceused the	deeth. Do not	enter the mo	/ Harro de of dying, suc	ra Ka.	Balto.	Md . 21234
	shock, or heert fellure. List only or IMMEDIATE CAUSE (Finel	ne ceuse on eech	line.					Interval Between Onset end Desth
	disease or condition	Respirator	y Arres	t				
		DUE TO (OR AS A CON						/
NO.	Sequentially list conditions,	Ind Stage	Liver F	ailure				
CAT		lepatic Er						
	thet initiated events resulting in desth) LAST	DUE TO (OR AS A CON	SEQUENCE OF):					
CERTIFICATION	d			_				
AL.	PART II. Other eignificent conditione contribut	ling to deeth but n	ot resulting in t	ne Underlyin	ceuse given in		S AN AUTOPSY RFORMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
						1 _ YE	S 2 (X)NO	COMPLETION OF CAUSE OF DEATH?
M						_		1 TES 2XXNO
AN	25. WAS CASE REFERRED TO MEDICAL			28 8	ACE OF DEATH (Ch	nok only one)		L
Sici	EXAMINER? HOSPITA	AL:		THER:		e Other (Specify,)	
PHYSICIAN: MEDIC	27. MANNER OF DEATH 26s. D	ATE OF INJURY Month, Day, Year)	26b. TIME OF	28c. IN.	URY AT		OW INJURY OCCUP	RED
BY	1 🔀 Natural 5 🔛 Pending 2 🗀 Accident Investigation			M 1 🗆	YES 2 NO			
	3 Suicide 6 Could not be 4 Homicide datermined	LACE OF INJURY — A uliding, etc. (Specify)	t home, farm, atree	t, factory, offic		26f. LOCATION (St City or Town, S	treet and Number or . State)	Rural Route Number,
	29a. CERTIFIER (Check cally 1 X CERTIFYING PHYSICIAN: To the	best of my knowledge	death occurred a	the time date	and place, and due	In the cause(s) and	manner as stated	
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: On the ba							
BE (29b. SIGNATURE AND TITLE OF CERTIFIER	1	- 11	0	29c. LICENSE NUI	MBER	29d. DATE 3	IGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETE	ED CAUSE OF DEATH	(ITEM 27) (Type, Pris	n)			/	412
	DR. GREEN, AARON, M.D.	9600 1	North Po		ad, Fort	Howard,	Maryla	nd 21052
		GISTRAR'S SIGNATUR	ie					
	MAR 0.5 1992	grena 1	enders Br	pdage_				DHMH-16 Rev 1/0

THE MESTAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.

TO WE ELECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1. DECEDENT'S NAME (Firs		SIATE UF MAKY	LAND / DEPAR CERTIF	TMENT OF H	DEATH AND		HYGIENE REG. NO.		12:05
I	it, Middle, Last)					2. DATE OF			3. TIME OF DEATH
RII	SSELL	F.		CONNELL	v, SR.	MARC	DAY	1992	-8-00 pM
4. SOCIAL SECURITY NUM		SEX 6. AG	E (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	2 2122 22			THPLACE (State or Foreign
212 10 2	X	XM 2 F	84 YRS.	MONTHS DAYS	HOURS MIN.	Jul.	y 18,	1907‴	Maryland
	R ROAD	and national)			ADENA	EATH		ANNE	ARUNDEL
1946 CEDA RESIDENCE OF DE 100. STATE Maryland	10b. COUNTY	Arundel	10c. CITY	Y, TOWN OR LOCAT		sađena			10d. INSIDE CITY LIMITS?
						isauenia			1 YES 2 NO
	edar Rd.			107	2112	22			WHAT COUNTRY?
3 Widowed 4 Div	Merried	WAS DECEDENT EVER FORCES? 1 YES	2 X NO	If yes, spe	ENDENT OF HISPAR ecity Cuben, Mexica 2 X NO Specify	in, Puerto Rice	Specify Yes or en, etc.)	Bia	CE - American Indian, ck, White, etc. cdly: White
15. DEI (Specify on Elementary/Secondary (12. 12. 12. 13. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14	CEDENT'S EDUCATION And Annual Company (Page 2)	ON Sisted)	16a. DECEDENT'S (Give kind of w life. Do NOT us	USUAL OCCUPATIO work done during mose retired.)	ON st of working	16b. KI	IND OF BUSIN	ESS/INOUSTRY	WILLCE
12		mege (1-4 or 5+)	Engine	eering				neering	Firm
		в.	Connelly		18. MOTHER'S NA	ME (First, Midd	dle, Malden Sur		
		ь.	-		Cora				elds
MRS. GLOR	IA CONN	ELLY			nd Number or Rural I			21122	
20a, METHOD OF DISPOSIT 1 X Burial 2 Cremeti 4 Donetion 8 Other	on 3 - Removal I	from State 20	b. PLACE AND DATE Of the control of the Baltimore	F DISPOSITION (Nai	me of y 3/4/	'91		timore	
21. SIGNATURE OF PENGRA	L SERVICENSE	D		McCU		NERAL			ASADENA NA, MD 211
disease or condition resulting in death) Sequentially list condit if any, leading to imme	diate	OUE TO (OR AS	A CONSEQUENCE OF):	osta"	LEC	- Ar	NOW.	M
cause. Enter UNDERLY CAUSE (Disease or Inju- thet initiated eventa resulting in death) LAS		OUE TO (OR AS	A CONSEQUENCE OF):					
cause. Enter UNDERLY CAUSE (Disease or Injuthet Initiated eventa resulting in death) LAS PART II. Other significa	d				g couse given in		PERFORME	D?	b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?
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Cause. Enter UNDERLY CAUSE (Disease or Injection of the Initiated events resulting in death) LAS PART II. Other signification 25. WAS CASE REFERRED TEXAMINER? 1 YES 2 NO	ant conditions conditi	ntributing to death	but not resulting in	26. PL/ OTHER:	ACE OF DEATH (Che	eck only one) 8 Ø Other (S)	PERFORME YES 2	D? NO NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO
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25. WAS CASE REFERRED T EXAMINER? 1 YES 2 NO 27. MANNED-OF DEATH 1 Natural 5 2 Accident 3 Suicide 8	on Meoical HO	ntributing to death	but not resulting in	26. PL/ OTHER: 4 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ACE OF DEATH (Che 5	8 Other (S) 28d. DESCRI	PERFORME YES 2	D? NO NO	AMALABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO
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PHYSICIAN	1 Ves 2 No	HOSPITAL:		-		_	5 🗆 Rasidence						
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CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that intilated events resulting in death) LAST	c	(OR AS A CONSEC		,	9-5	E						
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	28a. METHOD OF DISPOSITION 1 St Burlel 2 Cremation 3 Re 4 Donation 5 Other (Specify)	omoval from State	20b. PLACE cemetery, cre	AND DATE	OF DISPOSITI	ON (Nar	me of	OATE	20c. LOCA	nium,	or Town	, State	
TO BE	Mary Jane Campb	ell					nd Number or Aurel Drive, El					nd 21	04
100	Herbert B. Camp	bell	To the				Delia						
COMPLET	17. FATHER'S NAME (First, Middle, Lest)		Fi	remai	n		18. MOTHER'S NA	Depar		711		-	
E	(Specify only highest gra	College (1-4 or 5	+)	. Do NOT u		ring mos	it of working	Balt:	imore	e City		re	
ED BY	3 Widowed 4 Divorced 15. DECEDENT'S EI	DUCATION	/14/56	CEDENT'S	USUAL OCC		2 NO Specifi		OF BUSIN	ESS/INDUS	Specify: Vhit	е	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married	FORCES? 1		RMED NO	H y	res, spe	ENDENT OF HISPAI	ın, Puerto Rican,			RACE - Black, \	American i	ndlar
ERA	2917 Ebbwood Dr	ive					21046			U.S.Z		AT COUNTR	17
	Maryland Howar	rd County		Ell	icott		LTY ZIP CODE					LIMITS?	
DIRECTOR	10a. STATE 10b. COUR			10c. CIT	Y, TOWN OR							d, INSIDE (
OR	Franklin Square				Balti					Balti			++
	220-24-7545 9a. FACILITY NAME (If not institution, give	1 M 2 F	63	YRS.	9b. CITY. T	DWN O	R LOCATION OF DI	10-04-		Be COUNTY	alto		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	-	IF UNDER 1 Y	YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BII (Month, Day,		8.	BIRTHPL Country)	ACE (State of	r For
	Herbert Brantle	ev Campbel	1					03-02-			EAN .	7:47	I
1 8	1. DECEDENT'S NAME (First, Middle, Las							2. DATE OF DI	DAY	w	EAR 3	TIME OF C	EAT

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IVISION OF VITAL RECORDS, P.O. BOX 687	R ATTENDING PHYSICIAN: The law requires that the death certificate be executed
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- STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Las	4)	02.1111	TOATE	OF DEATH	_	REG. NO				
1. DECEDENT'S NAME (First, Middle, Las	FEDM	11			2. DAT			YEAR	3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birthday) IF UNDER 1	VEAR WINDOW OF CO.		2/2	71	92	9:45PM	-
578-38-7824	1-2 M 2 D F	68 YRS.		YEAR IF UNDER 24 HR	SET	E OF MATTH	192	6. BURTS	HPLACE (State or Foreignly)	
9a. FACILITY NAME (If not institution, give	43		as CITY T	OWN OR LOCATION OF		,			nington,	DC
10208 McKenne							9c. COU	NTY OF E	DEATH	
RESIDENCE OF DECEDENT	y Avenue		I Sil	ver Spr	ing		Mont	gon	nery	
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	tgomery	Sil	ver s	pring					LIMITS?	
100. STREET AND NUMBER				101. ZIP CODE			10g, CITI	ZEN OF	WHAT COUNTRY?	
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3 Widowed 4 Divorced	FORCES? 1 TO	OR DATES		YES 2 NO Spe		Pricari, arc.)		Spec		
15. DECEDENT'S ED	HICATION		1						ite	
(Specify only highest gra-	de completed)	18a. DECEDENT'S (Give kind of life. Do NOT	work done due	UPATION ing most of working	16	b. KIND OF BUS	SINESS/IND	USTRY		
Elementary/Secondary (0-12)	College (1-4 or 5+)	Accoun				Priv	ate			
17. FATHER'S NAME (First, Middle, Last)				F						
Samuel Feldman					Gree	Middle, Maiden	Surname)			
19a. INFORMANT'S NAME (Type/Print)		10h MA** No.	G AODRESS "	Street and Number or Rui						
Sheila Feldman		810	N. Be	larade R	ral Floute Nun	nber, City or Town	n, State, Zip	Code)	ng, Md.	0
20a. METHOD OF DISPOSITION		20b. PLACE AND DATE			_;_					. 0
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be detached for use as the burial-transit permit. Pages 1, 2, 3 should ed by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	WITHER INSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FONERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	REGISTRAR 1. OECEDENT'S NAME (First, Middle, Least) WINIFRED L		С	ERTIF F(ICAT ORD	E OF	DEA	ГН	2. DATE MONTI	OF OEATN		92 ^{YEAR} (3. TIME OF OEATN 18:10 PM	
		5. SEX 1 M 2 X F	JF 69 YRS.			DAYS	IF UNDER	MIN.	12/	о г вінтн 5/192		a. BIRTNPLACE (State or Foreig Country) Maryland		ign
TOR	98. FACILITY NAME (If not institution, give stre NORTH ARUNDEL HOST RESIDENCE OF DECEDENT	SOCIATI	OCIATION GLEN BURNIE									COUNTY		
L DIRECTOR	Maryland 10s. STATE 10b. COUNTY Maryland 10s. STREET AND NUMBER			10c. CIT		or Locat	1000						10d. INSIDE CITY LIMITS? 1 YES 2 N	0
FUNERAL	172 Carvel Beach	12. WAS DECEOEN			13		2	2122		7 (Specify Ye	Unit	ed I 14. BAC	WHAT COUNTRY? States E - American Indian	
BY	1 Never Married 2 Married 3 Widowed 4 Divorced 15. OECEDENT'S EDUCA	IF YES, GIVE W				If yes, sp	ecify Cube 2 X NO	Specif	in, Puerto I y:	tican, etc.)		Spec	k, White, etc.	
COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12)			ECEDENT'S Silve kind of to b. Do NOT us HON	se retired.	ker	on est of workin	ng	160.	KINO OF BU		nest	ic	
BE	17. FATHER'S NAME (First, Middle, Lest) Charles 19a. INFORMANT'S NAME (Type/Print)	Da 1			ker		Ma	aggi	е	Emm Ectly or Tow	a		len_	
5	Mr. Roger P. Fo	ord	1	226	Lor	ene	Dri		Pa	asade	na,	MD.	21122	
	20e. METNOD OF OISPOSITION 1 Street Surface 2 Cremetton 3 Remon 4 Donation 5 Other (Specify)		20b. PLACE cemetery, cri Glen	amatany ar a	ther place	lemo	ria1	L Pa	nk	Gle	n Bu	ırni	e, MD.	
	17/almi 8.60	Puniak)		32	204	Mour	ntai	n Ro	oad P	asad	dena	sadena ,MD. 21	12
	23. PART I. Enter the diseases, or co shock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	er only one ceu	ceused the dise on each line	tati	2	0 .	en en	Ing, suc	an cerd	lac or reap	lratory ar	reat,	Approximate Interval Bet Onset and I	ween
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PHYSICIAN: MEDICAL CER	PART II. Other algnificant conditions	contributing to	death but not	resulting	in the u	nderlying	g cause (given in	Part I.	24e. WAS AN PERFOR 1 TYES 2	MED?	246	. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NO) USE
SICIAN:		HOSPITAL:	ER/Outpatient 3	DOA	OTHE	R:			eck only on					
BY	27. MANNER OF OEATN 1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	INJURY y, Year) FINJURY — At he		M	1 🗆 Y	RK? (ES 2] NO							
COMPLETED	3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	AN: To the best of	my knowledge, de	eath occurre	ed at the	ilme, data	and place		10 lhe cau		nner ea sta	ted.		
TO BE CO	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	h	8	hy	, my	-private a		NSE NUN					(Month, Day, Year)	ea.

25. WAS CASE REFERRED TO MEDICAL			28. PLACE OF DEATH (C	theck only one)
EXAMINER?	HOSPITAL: 1 Pinpatient 2 ER/Outpatient :	OTHI	ER: unsing Home 5 - Residence	6 Other (Specify)
27. MANNER OF OEATN 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	265. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. OEȘCRIBE NOW INJURY OCCURED
3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, street, fa	ctory, office	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

ORADEEP P. GARG, M.D./8096 EDWIN RAYNOR BLVD. #2B/PASADENA, MARYLAND 21122

31. DATE FILEO (Morith, Day, Year)
MAR 0.5 1992 32. REGISTRAR'S SIGNATURE

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-	FOR STATE REGISTRAR	<u>-</u>	STATE OF !	MARYLAND C	/ DEPAR	RTMENT	OF H	EALTH DEA	AND I	MENT	AL HYGIEN	E	32	06253	
	1. DECEDENT'S NAME (First, Middle, Last) John		2.0								Time of Death 29, 1992 7:15 Pm				
	4. SOCIAL SECURITY NUMBER 219-10-1441		5. SEX 1 X M 2 - F	1 X M 2 □ F 66		IF UNDER 1	UNDER 1 YEAR		IF UNDER 24 HRS.		7. DATE OF BIRTH Nov. 28 1		925 Maryland		
~	9a. FACILITY NAME (If not in					96. CITY, TOWN OR LOCATION OF DEATH				9c. COUNTY OF DEATH					
DIRECTOR	Franklin Square Hospital					Rossville Baltimor							re County		
IRE	10a. STATE 10b. COUNTY			10c. CIT		ry, TOWN OR LOCATION								10d. INSIDE CITY LIMITS?	
	Maryland Baltimore					Dundalk 101. ZIP CODE 100. CITIZE							1 YES 2X NO		
ERA	7909 Trappe Road					21222						10g. CITIZEN OF WHAT COUNTRY?			
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo	12. WAS DECEDEN FORCES? 1	2. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X VES 2 NO IF YES, GIVE WAR OR OATES			13. WAS DECENDENT OF HISPANIC OR If yea, specify Cuban, Maxican, Pua 1 YES 2 X NO Specify:				GIN? (Specify Yea o Rican, atc.)	N? (Specify Yea or No. 14 RACE - American Indian				
TED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)				ECEDENT'S	USUAL OCCUPATION work done during most of working se retired.)			1	6b. KIND OF BUS	SINESS/IND	IESS/INDUSTRY			
COMPLETED	Elementary/Secondary (0	College (1-4 or 5) At	Prod	177.00	-				Wholesale					
ш	17. FATHER'S NAME (First, Middle, Lest) John Giardina					18. MOTHER'S NAME (First, Middle, Malden Surname) Grazzia Marzullo								·	
TO B	19a. INFORMANT'S NAME (Type/Print) Rosalie Giardina				96. MAILING	b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)									
	20a. METHOD OF DISPOSITI		039 Holly Knoll Dr., Glen Arm, MD 21057												
	1 St Buriel 2 Cremetio 4 Donation 5 Other	n 3 🗆 Ramo		om State 206. PLACE AND DATE OF DISPOSITION (Name of cemelery, crematory of other place) Dulaney Valley Mausoleum 3/4/92 Timonium,								Md. 21093			
	21. SIGNATURE OF EMPERA	D ADDRE	DORESS OF FACILITY -Mitchell-Wiedefeld												
	Lowell M. Lemmon 10 W. Padonia Rd., Timonium, Md. 2										ld. 21093				
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Approximate interval Between Onset and Death Onset and Death														
CERTIFICATION	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):														
	PART II. Other significent conditions contributing to deeth but not Klebsiella Pneumonia				resulting in the underlying cause given in Part i					Part i.	i. 24a. WAS AN AUTOPSY PERFORMEO?		24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE		
MEDICA	Diabetes Mellitis													OF DEATH?	
N.			nal Fai	lure											
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 X7X10		HOSPITAL:			OTHER:			EATH (Che						
HYS	27. MANNER OF DEATH		28a. DATE OF	INJURY	28b. TIM		8c. INJU		raldenca (-	ner (Specify)	LILIBY OCC	TIBED		
ВУ Р	1 Natural 5 Pending 2 Accident Investigation		(Month, Day, Year)			URY	RIC?	? 2 NO							
	3 Suicide 8 0	28e. PLACE Of building,	28e. PLACE OF INJURY — At home, ferm, st building, etc. (Specity)			reet, factory, office 25				8f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED	29s. CERTIFIER (Check only one) 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, dasth occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basia of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.														
BE C	200. SIGNATURE AND TITLE OF CENTIFIER						29c. LICENSE NUM						. OATE SIONEO (Month, Ogy, Year)		
TO B	30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEAT				0				356	5635			► 2/29/92 ·		
	Joseph K	aplan	, MD	9000 I	m 27) (Typo. Frank	rint)	Sq	uar	e Dr	iv	e Balt	imor	re,	MD. 21237	
	31. PMAR 05 9	32	A STANISHA	B'S SIGHATURA	ec.										

YEAR 942

N/A-

USA

3. TIME OF DEATH

4.30

10d. INSIDE CITY

14. RACE — American Indian, Black, White, etc.

Baltimore, MD

1 YES 2 NO

White

B. BIRTHPLACE (State or Foreign

Baltimore, MD

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BALTIMORE, MARYLAND 21215-0020	er death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 shou
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IN. HE WORTHAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained in	IN THE FLIFERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should		MPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified
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5	MER	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	N.
E	3	1 wit	FTA
Ē	Z	filed	100
B.	B	8	=

1 TES 2 NO

5 Pending Investigation

8 Could not be determined

29b. SIGNATURE AND TITLE OF CERTIFIER

31. DATE FILED (Month, Day, Year)

MAR 05

LANTE

27. MANNER OF DEATH

Natural Accident

3 Suicide

4 Homicide

COMPLETED

BE

2

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 03 MICHAEL P. GOUGH, JR. 0 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 217-18-9230 1 M 2 - F 67 YRS. 9e. FACILITY NAME (If not institution, give street 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OFATH SAMARITAN HOSPITAL GOOD SALTIMORE DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION MD Baltimore Baltimore BY FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6919 Lachlan Circle Apt. C 21239 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? TYPES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-1 Never Married 2 Merried If yes, specify Cuben, Mexican, Puerto Ri
1 YES 2 XNO Specify: 3 Wildowed 4 Divorced LOREA COMPLETED 15. DECEDENT'S EDUCATION pecify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 18b. KIND OF BUSINESS/INDUSTRY (Spe Elementary/Secondary (0-12) College (1-4 or 5 +) National Guard Chief Warrant Officer 12 years 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Michael P. Gough, Sr. notified at Rose Kennedy BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Agnes Gough 6919 Lachlan Circle Apt. C Balto., MD 21239 9 20e. METHOD OF DISPOSITION
1 □ Buriel 2 □ Cremetion 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must cemetery, cremetory or other place)
Gardens of Faith Cem. 4 Donation 5 To Other (Specify) Fintombment 3/7 Baltimore, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Johnson Funeral Home 6 8521 Loch Raven Blvd medical 23. PARTA. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory srrest, shock, or heart fellure. List only one cause on each line. ŏ IMMEDIATE CAUSE (Final the disease or condition CARDIO-PULMONARY resulting in death) Dept. of Health and Mental Hygiene prior to burial, crema 23 shows any Injury, or other traumatic event, DUE TO (OR AS A CONSEQUENCE OF): CORONARY ARTERY BY PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events HEART ONGESTIVE DUE TO (OR AS A CONSEQUENCE OF): resulting in deeth) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 25. WAS CASE REFERRED TO MEDICAL marked, or Item

SPITAL: Inpetient 2 - ER/Outpetient 3 - DOA

AMPTM-MILLS

28e. DATE OF INJURY (Month, Day, Year)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Approximate interval Between Onset and Deeth 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE 1 TYES 2 NO OF DEATH? 1 YES 2 NO 28. PLACE OF DEATH (Check only one) OTHER: 4 🗌 Nu ng Home 5 🗆 Residence 8 🗆 Other (Specify) 26b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 YES 2 NO 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, and due to the ceuse(e) end manner ee stated. MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end menner ea stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) NIL LA NTE LAMPTOY-MILLS N. 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 03-9 SAMARITAN TOOD DHMH-18 Rev 1/89

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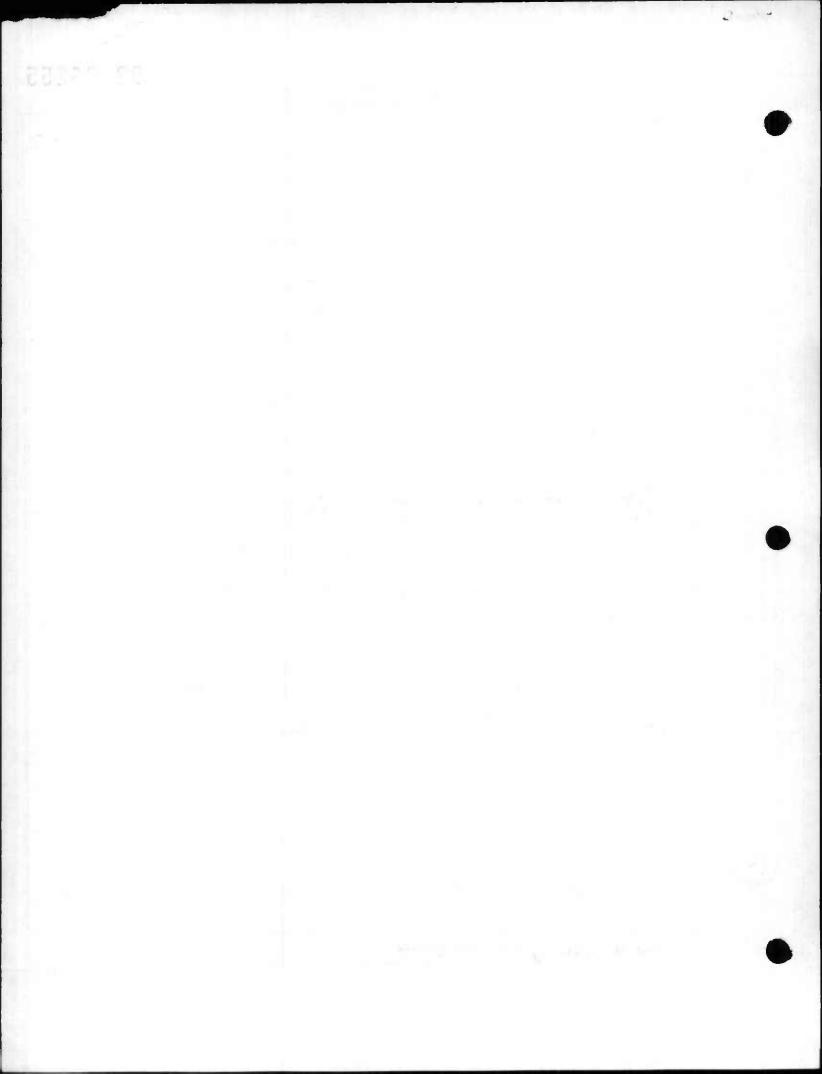
BALTIMORE, MARYLAND 21215-0020

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	s after death. Page	by the funeral direction	dical examiner
	ed within 24 hour	FML DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the Immana Thours after death with the State Degr. of Health and Mental Hydiene prior to burial, cremation, or removal	event, the me
	lificate be execut	physician and c ene prior to buria	ther traumatic
	hat the death cer	by the attending and Mental Hydi	ny Injury, or o
	ne taw requires t	has been signed Dept. of Health	n 23 shows a
	G PHYSICIAN: T	er this certificate th with the State	narked, or Iter
	L OR ATTENDIN	L DIRECTOR: After dea	Item 28 Is m
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	FOR	CTATE OF BAADY! AN	D / DED4D				9	2 06255
	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	CERTIF	IMENI UF	DEATH	MENTAL HYGIEN REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last) JOSEPH	N. GOOL	le			2. DATE OF DEATH	19 95	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 215-16-1644	1 1 x M 2 □ F 68	. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morith, Day, Year) 8/12/19:	23 8. BIR Co. Mc	aryland
Œ	9e. FACILITY NAME (If not institution, give s				OR LOCATION OF D		9c. COUNTY OF	F DEATH
CTO	Mercy Hospita			Bal	to.City	,Ma.		
DIRECTOR	Maryland	·		alto.C	ity,Md.			10d. INSIDE CITY LIMITS? XXYES 2 \(\text{NO} \) NO
FUNERAL	1822 Jackson	St.		1	21230		10g. CITIZEN OF	F WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 K) YES 2 IF YES, GIVE WAR OR DATES W. W. 2	NO	If yes, s	CENDENT OF HISPA	NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	s or No — 14. RA Bit	MCE — American Indian, ack, White, etc.
	15. DECEDENT'S EDU	CATION	DECEDENT'S	USUAL OCCUPAT	ION	Tab MIND OF BU	SINESS/INDUSTRY	
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12) 12th.Grade	College (1-4 or 5+)	(Give kind of w life. Do NOT use	rotk done during no retired.)	ost of working		ehem St	
SO	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden		reel
BE (Granvi1	H. Good			Marga	ret H.	LeC	Claire
5	19a. INFORMANT'S NAME (Type/Print) Cheryl Smith					Route Number, City or Tow		
	209. METHOD OF DISPOSITION 12 Burlal 2 Cremation 3 Rame 4 Donation 5 Other (Specify)	ovel from State 20b. PLA comptery	CEANDDATEO	F DISPOSITION /A	ame of	DATE 200. LO 3/4/ Cro	CATION - City or	Town, Stata
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	WIISVI.	22. NAME A	ND ADDRESS OF FA			
	o comp 1	1. Hada	R	McCu	lly Fun	eral Home	o.Md. 2	E.Fort Ave
	23. PART LEpter the diseases, or o shock, or heart failure.	complications that caused the List only one cause on each	death, bo n	ot enter the m	ode of dying, auc	h as cardiac or respi	ratory arrest,	Approximate
	iMMEDIATE CAUSE (Final disease or condition reaulting in death)	ventric	ula	~ f	ibrill	ation		Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTOR OR OR AS A CONDUCTOR OR AS A CONDUCTOR OR OR AS A CONDUCTOR OR OR OR OR OR OR OR OR OR OR OR OR O	SEQUENCE OF	art		diseas	e	
	PART il. Other aignificant condition	a contributing to death but n	ot reaulting in	the underlyin	g cauae given in		AUTOPSY 24	4b. WERE AUTOPSY FINDINGS
MEDICA	Crivonic	ODSTILLET	TUE	pumi	naryo	XIS QUES 2	□ NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	as vestos	Lacour	lan	ollo a	1	_		1 YES 2 NO
PHYSICIAN:	25. WASICASE REFERRED TO MEDICAL	LUBCH	al c	26.P	LACE OF DEATH (Ch	ack only one)		
Sic	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outpetient		OTHER:	ne 5 🗆 Rasidence			
BY PH	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b, TIME INJU	OF 28c. IN.	IURY AT DRK? YES 2 NO	28d. DESCRIBE HOW II	JURY OCCURED	
	3 Suicide 8 Could not be determined	28s. PLACE OF INJURY — At building, etc. (Specify)	homa, farm, at	reet, factory, offic	•	281. LOCATION (Street a City or Town, State)	nd Number or Rural	I Route Number,
COMPLET	29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC	CIAN: To the best of my knowledge,	death occurred	st the time, date	and place, and due	to the cause(s) and men	ner as stated.	
ĕ N	one) 2 MEDICAL EXAMINER	R: On the basis of exemination and	or investigation	, in my opinion,	leath occured at the	time, data and place, an	d dua to the cause	e(s) and menner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER		0		29c LICENSE NUM		29d. DATE SIGNE	
임	30. NAME AND ADDRESS OF PERSON WH	COMPLETED CAUSE OF PEATURE	7511 07 /7	21.0	سيس.	11	-010	11100

32. REGISTRAR'S SIGNATURE

31. DATE FILED (Month, Day, 1987)
MAR 05 1992



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BALTIMORE, MARYLAND 21215-002	y the hospital o	be detached for	at once.
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BOX 6	ate be exec	ysician and prior to bu	r traumati
P.O.	eath certific	attending phase ital Hygiene	y, or othe
ORDS	that the d	ned by the	any injur
L REC	law requires	as been sign	23 shows
F VITA	SICIAN: The	certificate h	, or item
ONO	JOING PHYS	: After this death with	is marked
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L DR ATTEN	DIRECTOR hours after	Item 28
	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 feours after death. Page 6 may be retained by the hospital or attending phy	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burb of filed within 72 hours after death with the State Deot, of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF H		MENTA	L HYGIEN	E		
	1. DECEDENT'S HAME (First, Middle, Last) Harold	R. GOCH		0.112	BEATT	2. DATE MONT May	OF DEATH	199	3. TIME OF	
	4. SOCIAL SECURITY NUMBER 204-16-7705 9e. FACILITY HAME (If not institution, give s	1 M 2 □ F 66	yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Mont) 1 - 4	OF BIRTH	Pe	ennsylva	te or Foreign
TOR	Franklin Square H			Rossvi	or location of o	EATH		Balt	imore	
DIRECTOR	Md. Balti			ndalk					10d. JHSIO LIMITS 1 TYES	8?
FUNERAL	2605 Lynbrook Road				21222			U.S.A	OF WHAT COUNT	TRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 ☐ YES IF YES, GIVE WAR OR DAT	2 HO	If yes, sp	ENOEHT OF HISPA ecify Cuben, Mexico 2 HO Specif	n, Puerto	f? (Specify Yes Rican, atc.)		RACE — Americe Black, White, etc. Specify: 11 to	n Indian,
COMPLETED	15. DECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12) Unknown	CATION completed) Coffege (1-4 or 5+)		ork done during mo retired.)	st of working	7		SHESS/INDUST		
BE COM	17. FATHER'S NAME (First, Middle, Last) Elmer Gochnour	4	ret. M	<u>achinis</u>	16. мотнея в нл Edna Ha	ME (First,		nem Ste	er	
TO B	190. IHFORMANT'S HAME (Type/Print) Trudy Gochnour		2605	Lynbroo	Rd., Du	Route Num	ber, City or Town	n, State, Zip Coo 21222	(e)	
	2qs. METHOD OF DISPOSITION 1 G Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	Be.	PLACE AND OATE OF	orial G	ardens	3+7-9	20c. LO 92 Be	cation – city Lair, N	or Town, State M. Harfo	ord,Co.
	21. SIGNATURE OF FUNERAL SERVICE LIC	Harts Mc	20550		ey-Ashto Willow S	CILITY				1222
	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. AS VS	ch lina.		de of dying, aud	h aa can	diac or reapi	ratory arrest,	Inter	roximata val Between et and Death
TION	Sequentially list conditions, if any, leading to immediate	Myocar Due to (or as a	dial I	schem	a	<u> </u>				
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	COUE TO (OR AS A (CONSEQUENCE OF)	:						
PHYSICIAN: MEDICAL CE	PART II. Other significant condition	e contributing to death bu	t not resulting in	the underlying	g couse given in	Part I.	24a. WAS AN PERFOR 1 PES 2	MED?	24b. WERE AUTO AMAILABLE I COMPLETIO OF DEATH? 1 YES	PRIOR TO IN OF CAUSE
IAN:	25. WAS CASE REFERRED TO MEDICAL			26. Pt	ACE OF DEATH (CA	eck only pr	10)			
YSIC	1 VES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpat		OTHER:	e 5 🗆 Residence					
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	RY WO	URY AT RK? /ES 2 HO	28d. DE	CRIBE HOW II	JURY OCCURE	D	
9	3 Suicide 5 Could not be 4 Homicide determined	28e. PLACE OF INJURY – building, etc. (Specifi	— At home, farm, st	reet, factory, offic		261, LOC City	ATION (Street a or Town, State)	nd Number or R	ural Route Number	7.
COMPLET		CIAN: To the best of my knowle							use(a) end manne	or ee stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	Chrose ms	٥		29c. LICENSE NU	MBER		29d, DATE SIG	NED (Month, Day,	Year)
	30. NAME AND ADDRESS OF PERSON WH Sheila Rhodes	,MD. 9000 I	Frankli	n Squa	re Driv	/e,	Balti	more,	Maryl	and
	31. DATE FILED (Month, DOWNAR 5	1992 Julia	Davidson-1	andell'					212	

great garage

BALTIMORE, MARYLAND 21215-0020

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	The law requires that the death certificate be executed within 24 hours after death
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	L OR ATTENDING PHYSICIAN: 1
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REGISTRAR		CERTIFIC	ATE OF DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	80.10.0	Ц		2. DATE OF DEATH MONTH DAY	3. TIME OF DEATH	
1	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In v	Hay		03 6	19 19 70 "	
	22014-6981	1 M 2 KF		FUNDER 1 YEAR IF UNDER 24 HRS. INTHE DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)	
	9a. FACILITY NAME (If not institution, give	street and number)	91	D. CITY, TOWN DR LOCATION OF I		PC. COUNTY OF DEATH	
DIRECTOR	RESIDENCE OF DECEDENT	Spital		Balt City/		Ball City.	
H.	10a. STATE 10b. COUNT	Ι¥	10c. CITY, T	OWN OR LOCATION		10d. INSIDE CITY	
	Ma		130	altu		LIMITS?	
FUNERAL	3/11 Han OV	Ave		10f. ZIP CODE	10	10g. CITIZEN OF WHAT COUNTRY?	
S	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.	S, ARMED	13. WAS DECENDENT OF HISPA	ANIC DRIGIN? (Specify Yes or		
BY	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES 2	2 NO	If yes, specify Cuban, Maxie 1 TES 2 NO Specific	cars, Puerlo Ricars, atc.)	Black, White, etc. Specify:	
8	15. DECEDENT'S EDU	UCATION 16	a. DECEDENT'S US	UAL OCCUPATION	16b. KIND OF BUSIN	ESS/INDUSTRY	
COMPLET	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during most of working tired.)	Pantin	100 6	
OM	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S N	AME (First, Middle, Maiden Sur	entur Canning CO.	
BE	Ernest He	245		tat	ie Willia	ins	
2	199. INFORMANT'S NAME (Type/Print)	- 1/2.	19b. MAILING AD	DRESS (Street and Number or Rura	Route Number, City or Town, 3	State, Zip Code) 11 22202	
	20e, METHOD OF DISPOSITION 1 Burtal 2 Cremetion 3 Rem	20b.PL	ACE AND DATE DE	DISPOSITION (Negre of	DATE 20caLOCAT	Thyron, va	
	4 Donation 5 Other (Specify)		prematory or other	13 Men Park	13792 Arb	whis med	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE / 1		2. NAME AND ADDRESS OF F	ACILITY	4	
\perp	- House	win		Marian P. H.	300 Wakas	th Ave	
	23. PART I. Enter the diseases, or shock, or heart fellure.	complications that ceused the List only one cause on each	e death. Do not	enter the mode of dying, su	ch as cardiac or respirat		
	IMMEDIATE CAUSE (Fine)	1	Λ.	1 0 0 /	1	Interval Between Onset end Death	
	resulting in death)	DUE TO (OR AS A CO	INSEQUENCE/DFI:	order enfor	eoun		
z	_	athera	sclust	Cardy rouls	- Alisease		
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate	DUE TO (OR AS A CO	MSEQUENCE DEL	1 10	2		
2	CAUSE (Disease or Injury	. Hyperten	une Ca	adiovasular t	usese		
Ë	that initieted events resulting in death) LAST	NOE TO (OR AS A CO	MBEQUENCE OF):				
E		4					
¥.	PART II. Other algolificant condition	as contributing to deeth but r	not reaulting in t	he underlying cause given in	Part I. 24s. WAS AN AUT		
EDICAL	Hypuchices	sevenia			1 _ YES 2 _	COMPLETION OF CAUSE	
Σ						1 TES 2 ND	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL						
Sic	EXAMINER? 1 YES 2 ND	HOSPITAL:		28. PLACE OF DEATH (C			
H	27. MANNER OF BEATH	28a. DATE OF INJURY	28b. TIME O	Nursing Home 5 Residence	8 U Other (Specify) 28d. DESCRIBE HOW INJU	IDV OCCUPED	
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	M 1 YES 2 NO	and Describe now made	INT OCCURED	
ED B	3 Suicide 6 Could not be	28s. PLACE OF INJURY — / building, etc. (Specify)	At home, farm, stree	t, factory, office	281. LOCATION (Street and City or Town, State)	Number or Rural Route Number,	
E	4 Homicide determined				ony or rount, orang		
OMPLET		ICIAN: To the best of my knowledge					
8	2 MEDICAL EXAMINE		d/or investigation, in	my opinion, death occured at the	time, date end place, and de	ue to the cause(a) end manner as stated.	
1 7 1	296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)						
BE					/	2/16/1/	
TO BE	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DEATH	(ITEM 27) (Type, Prin	0 1 1		77	
0	30. NAME AND ADDRESS OF PERSON WH NOBLE, MCCall, 31. DATE FILED (Month, Day, Year)	10 COMPLETED CAUSE OF DEATH 10 2300 G 10 22 REGISTAAR'S SIGNATURE 10 10 10 10 10 10 10 10 10 10 10 10 10 1	arrison	BIND. Balt	t. md. 212	16	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT O	F HEALTH AND	MENTAL HYGIENE REG. NO.	00230	
1. DECEDENT'S NAME (First, Middle, Last) ROGEN A	Hazel Sr			2. DATE OF DEATH DAY ST	S. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER 220-36-4369	15M2 = 49			7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)	
Good Sam	raritur Hospy	raf B	WN DR LOCATION OF D	EATH 9c. Co	OUNTY OF DEATH	
		10c. CITY, TOWN DR L	OCATION		10d. INSIDE CITY LIMITS? 1 V YES 2 ND	
100. STREET AND HUMBER	1000d	04/10	101, ZIP CODE 2/2:	and the same of th	CITIZEN OF WHAT COUNTRY?	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced		D If ye	s, specify Cuban, Mexico	an, Puerto Rican, atc.)	14. RACE — American Indian, Black, White, atc. Specify:	
15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	completed) (Giv	w kind of work done during	PATION g most of working	16b. KIND OF BUSINESS/	INDUSTRY	
17 FATHER'S NAME (First Middle Leat)				Dalto Ci	My Jail &	
Laurence	Harel		HGN &	NME (First, Middle Nelden Surname)	
Bety Hare	/ 19b.	MAILIND ADDRESS (St.	feerbing or Rural	Route Number, City or Town, State,	2000) 21048 talford, Co	
20a, METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Remo 4 Donation 5 Other (Specify)			H(Name of	DATE 20c. LOCATION	- City or Town, State	
	ENSEE	22. HAN	E AND ADDRESS OF FA	ICILITY / /	ings in the free	
* Glading	Warren	Ma	rebte	4300 ab	ebach Ave	
anock, or neart failure. I	List only one ceuse on each line.			th as cerdiac or reapiratory	arrest, Approximate Interval Between Onset and Daath	
disease or condition resulting in death)	. Ventricula	HENOE OF				
Sequentially list conditions,	Anterioscler	etic Ca	rdiovasci	ular Diseas	e	
cause. Enter UNDERLYING	DOE TO (OH AS A CONSEDE	DENCE DF):	with	Cardionyo	pathy	
that infitieted events resulting in death) LAST	DUE TO (DR AS A CONSEQU	UENCE OF):				
PART II. Other aignificant conditions	contributing to death but not re	sulting in the under	ying cause given in		24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO	
				1 TYES 2 ND	COMPLETION DF CAUSE OF DEATH? 1 YES 2 HD	
					To tes 2 on	
EXAMINER? 1 YES 2 ND	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3	OTHER:				
27. MANNER OF DEATH 1 Netural 6 Pending Investigation	28s. DATE OF INJURY (Month, Day, Year)	26b. TIME OF 28c	INJURY AT WORK?	28d. OEŞCRIBE HOW INJURY C	OCCUREO	
3 Suicide 6 Could not be determined	28a, PLACE OF INJURY — AI hom building, atc. (Specify)	na, term, street, factory,	offica	281. LOCATIOH (Street and Numb City or Town, State)	ber or Rural Route Number,	
		vestigation, in my opinio				
3 Suicide 4 Homicide 6 Could not be datarmined Suicide 8 Cou						
all	00		D194	23	3/1/92	
30. NAME AND ADDRESS OF PERSON WHO	00	27) (Type, Print)	D194	123 D	3/1/92	
	1. DECEDENT'S NAME (First, Middle, Last) ROGEN A 4. SOCIAL SECURITY NUMBER 220-36-43 (Gg 9e. FACILITY HAME (If not institution, give significant condition) 10e. STATE 10e. COUNTY 10e. STATE 10e. COUNTY 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 15. DECEDENT'S EDUCEDENT'S	1. DECEDENT'S NAME (First, Middle, Last) 4. SOCIAL SECURITY NUMBER 3. SEX 4. SOCIAL SECURITY NUMBER 3. SEX 5. SEX 6. AGE (in yra. last 10. STATE 10. COUNTY 10. STATE 10. COUNTY 10. STATE 10. COUNTY 10. STATE 11. MARTAL STATUS 12. WAS DECEDENT, EVER IN U.S. ARR 13. WHOWEVER MARTED 2. Married 14. Device Married 15. DECEDENT'S EDUCATIOH 17. FATHER'S NAME (First, Middle, Last) 18. DECEDENT'S EDUCATIOH 19. HIFORMANT'S NAME (First, Middle, Last) 19. HIFORMANT'S NAME (First, Middle, Last) 19. MARTAL STATUS 10. STATE 10. COUNTY 10. STATE 11. MARTAL STATUS 12. WAS DECEDENT, EVER IN U.S. ARR 13. DECEDENT'S EDUCATIOH 14. YES 2 Name of the completed of the complete of the c	1. DECEDENT'S NAME (First, Mickel, Last) 4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 3. SEX 1. QN 2	1. DECEDENT'S NAME (First, Middle, Last) REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last) R. O'CAL SECURITY NAME (First, Middle, Last) R. O'CAL SECURITY NAME (First, Middle, Last) R. SECE SECURITY NAME (First, Middle, Dev Street and number) R. SECENTIAL SECURITY NAME (First Name) R. STREET AND HUMBER 100. COUNTY 100. STREET AND HUMBER 100. STREET AND HUMBER 100. STREET AND HUMBER 100. STREET AND HUMBER 100. STREET AND HUMBER 100. STREET AND HUMBER 101. STREET AND HUMBER 102. STREET AND HUMBER 103. STREET AND HUMBER 104. STREET AND HUMBER 105. ZIP CODE RESIDENCES 1 (A YES 2 NO	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR DECEMBERS AND EPSIL MOSE, Last) L. DECEMBERS AND EPSIL MOSE, Last) L. SOCIAL SECURITY NAME (FIX MOSE, Last) L. SOCIAL SECURITY NAME (FIX MOSE, Last) L. RECHT HAME (FIX MOSE, Last) L. RECHT HAME (FIX MOSE, Last) L. RECHT HAME (FIX MOSE, Last) L. RECHT HAME (FIX MOSE, Last) L. MARE DECEMBERS (FIX MOSE, Last) L.	

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MARYLAND 21215-0020

BALTIMORE.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL TO THE FUNERAL TO BE filed within 72 h

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 02 DAY 1992 YEAR 03 DONNA Michelle HOLMES 4:17 P 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year) 02-05-65 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS 1 M 2 XX 215-92-5861 YRS. 2.7 Md. 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH JOHNS HOPKINS HOSPITAL BALTIMORE RESIDENCE OF DECEDENT 10a STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY Md. Baltimore, City 1 X YES 2 NO FUNERAL 10a STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 932 Patterson Pk. Avenue 21205 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 THO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1X Never Merried 2 Merried If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: Specify: Black 3 3 Widowed 4 Divorced TED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Ш Elementary/Secondary (0-12) College (1-4 or 5 +) 12th Unemployed COMP 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Willis Holmes Viola Parks BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 0 21205 Violet Holmes 932 N. Patterson Pk. Ave. /Baltimore, Md 20s. METHOD OF DISPOSITION
1A3 Buriel 2 Greenstion 3 Removal from State
4 Donation 5 Qther (Specify) 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE netery, crematory or other piece) Baltimore Cemetery Baltimore, 22. NAME AND ADDRESS OF FACILITY Wm.C. March F/H 1101 E. North Ave. 23. PART VEhter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximete shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final Onset and Death disease or condition Narcotic and Cocaine Intoxication resulting in death) JE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING **CAUSE** (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) OTHER: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 🂢 DOA TYPES 2 NO rsing Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural М 1 YES 2 NO BY 3-2-92 Ukn. Unknown 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number. City or Town, State) 3 Suicide 8 🕍 Could not be COMPLETED 4 Homicide 1 _ CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner es stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(s) and menner as stated. TITLE OF CENTIFIE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE $\triangleright 03 - 03 - 1992$ O.C.M.E 0 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) FRANK 111 N. PENN ST. BALTIMORE, MARYLAND 21201 32. REGISTRAR'S SIGNATURE 992 Julia Devidson- Andree

65.65 U.S. 8.48

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: Il item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	92	06260
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	1 - FOR STATE REGISTRAR	STATE OF MARY	YLAND / DEPARTI CERTIFIC			MENTAL HYGIEN	E 92	06260
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH DA	IA 1	3. TIME OF DEATH
	Mary		RAST			March 4	1992	5:00 am. m
	216-32-8438	5. SEX 8. AC		ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 06/22/08		BIRTHPLACE (State or Foreign Country) RUSSIA
	9a. FACILITY NAME (If not institution, give str	reet and number)	9	b. CITY, TOWN C	R LOCATION OF DE		9c. COUNT	Y OF DEATH
DIRECTOR	Franklin Square	Hospital		Rossy	ille		Balt	timore
EG	10a. STATE 10b. COUNTY		10c. CITY, 1	OWN OR LOCAT	ION			10d, INSIDE CITY
	Maryland City		Balt	timore				LIMITS?
*AL	10e. STREET AND NUMBER			101	ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
FUNERAL	2316 Herkimer St				21230			S.A.
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YI IF YES, GIVE WAR OF	ES 2 NO	If yes, sp		IC ORIGIN? (Specify Yes n, Puarto Rican, atc.)	or No- 14	I. RACE — American Indian, Black, White, stc. Specify: White
G	15. DECEDENT'S EDUC (Specify only highest grade of		16a. DECEDENT'S US			16b. KIND OF BUS	SINESS/INDUS	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT use n	etired.)	a or working			
MP	17. FATHER'S NAME (First, Middle, Last)		Seamst	ress	40 1107115010 1141	Sewing		
	Maxim Klochko				Anna	ME (First, Middle, Maiden	Surname)	
) BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILINO AE	DRESS (Street a	nd Number or Rural F	loute Number, City or Town	n, Statu, Zip Co	ode)
2	Gloria Frampton					sedale, MD		
	20a. METHOD OF DISPOSITION 1 © Burial 2 □ Cremation 3 □ Remo	val from State	complete, crematory or other HOLY Trini	DISPOSITION (Na	me of 03/06/	92 DATE 20c. LO	CATION — CIT	y or Town, Stata
	4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE		HOLY Trins					MD. al Home, Inc.
	- July	ppelt)	7110	Belair R	oad Balti	more,	MD. 21206
	23. PART Enter the diseases, or c shock, or heart failure.	omplications that cause of	and the death. Do not	anter the mo	da of dying, auch	as cardlec or respi	ratory arrea	t, Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death)		ESTIVE S A CONSEQUENCE OF):					Onset and Death
	_	COC OR A	S A CONSEQUENCE OF):		1 7.5	C-NC-	-	
CERTIFICATION	Sequentially list conditions, If any, leading to immediate	DUE TO (OR A	ARY AR	-16/2	200	EMSE		
CA	cause. Enter UNDERLYING CAUSE (Disease or Injury	•						
E	that initiated events resulting in death) LAST	DUE TO (OR A	S A CONSEQUENCE OF):					
CEF								
	PART II. Other aignificent conditions	contributing to death	but not resulting in t	the underlying	ceuse given in	Part I. 24s. WAS AN PERFOR	AUTOPSY MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
PHYSICIAN: MEDICAL						1 YES 2	X NO	COMPLETION DF CAUSE OF DEATH?
2						- 1		1 TYES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Che	ock only one)		
SIC	EXAMINER?	HOSPITAL:		THER:	5 Residence	6 Other (Specify)		
PH	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJUR (Month, Dhy, hydi	26b. TIME O		JRY AT RK?	28d. DESCRIBE HOW II	NJURY OCCUP	RED
B	2 Accident Investigation	/U // /	IRY — At home, term, stre-	M 1 1 Y	7	\mathcal{O}_{l}	14	
COMPLETED	3 Suicide 6 Could not be determined	building, atc. (S	pecify)	T tactory, office		28f. LOCATION (Street a City or Town, State)	Number of	Rural Route Number,
PLE		IAN: To the best of my kn	owledge, death occurred a	nt the time, date	and place, and due	to the cause(s) and man	ner as stated.	
ON	one) 2 MEDICAL EXAMINER	On the basis of axamins	tion and/or investigation, i	n my opinion, d	esth occured at the	time, data and placa, an	d dua to the c	suse(s) and manner as stated.
BE C	290. SIGNATURE AND TITLE OF CENTIFIER				29c. LICENSE NUM	BER	29d. DATE S	IGNED (Month, Day, Year)
10	TO HAME OUT TOURISM	COMPLETED STATE			12760	0 (> 3/	14192
	Joseph Kligman,		DEATH (ITEM 27) (Type, Pri Harford Ro		ltimore,	MD. 212	14	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SI						
	MAR U 5 1992	www.mensen	nandale					

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																	V	-	h	C	E	H	T	4/
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190	FOR 02/2 /9	2					1 .	9500	UN 1	32	06261
	1 - STATE REGISTRAR	STATE OF M	MARYLAND C	DEPAR	ICATE C	F HEALTH OF DEAT	AND	MENTAL HYGIEN		TY	
	1. DECEDENT'S NAME (First, Middle, Lest)				IOAIL	T DEAT	10	2. DATE OF DEATH	-800	7 10	3. TIME OF DEATH
	Margaret	Viola			Howard	1	1	MONTH D	AY	92	1635
	4. SOCIAL SECURITY NUMBER	5. SEX	B. AGE (In yrs. In		IF UNDER 1 YE	AR IF UNDER	24 HRS.	7. DATE OF BIRTH		8. BIRTH	PLACE (State or Foreign
	216-20-3413	1 M 2 XF	83	YRS.	MONTHS DA	rs HOURS	MIN,	July 24 1	908	Mar	vland
	Sa. FACILITY NAME (If not institution, give a				9b. CITY, TOV	VN OR LOCATIO	ON OF D	EATH		INTY OF D	
DIRECTOR	Carroll County	General	Hospita	1	Wes	tminste	er		(Carro	Hera
2	RESIDENCE OF DECEDENT	,		T 100 CIT	Y, TOWN OR LO					1	
HO	Maryland	Ralt	imore	1	pperco						16d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	Burt	more	1 0	pperce	101. ZIP CODE			10- 00	HIEN OF I	1 YES 2X NO
FUNERAL	15225 Old Hanov	er Road									HAT COUNTRY?
N N	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AI	RMED	13 WAS	2115		NIC ORIGIN? (Specify Ye		USA	
B⊀	1 Never Merried 2 Married 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W	YES 2	NO	If yes	, specify Cuban	Specif	in, Puerto Rican, atc.)	e or No-	Black	— American Indian, , Whita, atc. ^{y:} White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)			USUAL OCCUP			16b. KIND OF BU	SINESS/IN	DUSTRY	
9	Elementary/Secondary (0-12)	College (1-4 or 5 +	116	. Do NOT us	e retired.)	most of working	9				
MP	7		Ho	usev	ife			Home	make	r	
8	17. FATHER'S NAME (First, Middle, Last)				7.5116-			ME (First, Middle, Melden	,		
H	William Traband					Virg	inia	Jane Bla	kley		
2	Viola Damewood		. 19					Route Number, City or Tow			
	20a. METHOD OF DISPOSITION			1522	5 Old	Hanov	er	Rd., Uppe	erco,	MD.	21155
	1 X Buriel 2 Cremetion 3 Rame 4 Donation 5 Other (Specify)		cemetery, cre Dular	matory or p	alley	Memori	1/92 al (oate 20c. Lo	cation — Timor	nium.	wn, Stata MD
	21. SIGNATURE OF PUNETAL SERVICE LIC	ENSEE	()		22. NAM	E AND ADDRES	S OF FA	CILITY		,	
	Paul T.	Lochstam	pfor					ell-Wiedefe			10
	23. PART i. Enter the diseases, or c	omplications that	caused the de	ath. Do r	ot anter the	mode of dvir	or na	Rd., Tin	ratory ar	m, IV	Approximate
	ahock, or haart fallura. I IMMEDIATE CAUSE (Final	Liat only one cau	aa on aach line								intervel Between Onast and Death
Ì	disease or condition resulting in death)		0000		1	20					1237
	reauting in death)	OUE TO	OR AS A CONSE	DUENCE OF	J: 4	12251					19 HOURS
Z	a construction and the construction of the	/	ACUTE	- 1	nvac	ARD.	21.	IN FROM	0/		US WILLS
ERTIFICATION	Sequentielly liet conditione, if eny, iseding to immediate	DUE TO	OR AS A CONSE	DUENCE OF	7:			11:11	1010		48 HOURS
2	Cause. Entar UNDERLYING CAUSE (Disease or injury	ARTE	PIOSC	600	TIC	HEAR	7	DISEASE	WI	TH	YEARI
	that initiated events	DUE TO	OR AS A CONSE	DUENCE OF	D: C/	PONIC	- G	TKIAL FÉG	BRILL	ATIO	~
CER		l									
- 1	PART II. Other eignificant conditions	contributing to	daath but not i	aaulting i	n the undari	/ing cause gi	ven in	Part I. 24a. WAS AN	AUTOPSY		WERE AUTOPSY FINDINGS
2	None IN	TIP - (PROGR	223	VE.			PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
AEC.	None IN	SULIN	DEDEN	~ E	- 0	186=6	,	' TES 2	GMO		OF DEATH?
-			DEPER	DEV	V 2/1	MELL!	711	_			1 YES 2 NO
Ž.	25. WAS CASE REFERRED TO MEDICAL					PLACE OF DE					
Sic	EXAMINER?	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:	lome 5 🗆 Res	Idence	6 Other (Specify)			
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	28a, DATE OF (Month, Da		28b. TIM		INJURY AT		28d. OEŞCRIBE HOW I	NJURY OC	CURED	
BY	1 Natural 5 Pending 2 Accident Investigation	(INOMIT, DO	iy, reury	INJ		WORK? YES 2	NO				
	3 Suicide & Could not be	28a. PLACE Of building,	INJURY - At ho	me, farm, s	treet, factory, o	fflea		28f. LOCATION (Street a City or Town, State)	and Number	or Rural Ac	oute Number,
	4 Homicide determined							Oily or iown, oracey			
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the beat of	my knowledge, de	ath occurre	d at the time, o	lata and placa, a	and dua	to the cause(s) end man	mer en stat	led.	
0	one) 2 MEDICAL EXAMINER	t: On the beals of ax	amination and/or	Investigation	n, in my optnio	s, death occure	d at the	fime, data end place, en	d due to th	e cause(s)	and manner ee stated.
BE C	296. SIGNATURE AND TITLE OF CENTIFIER	1		0		29c. LICEN	ISE NUN	IBER	29d. DAT	E SIGNED (Month, Day, Year)
2	June 8	De	ارساور	9	MS	Do	16	63	▶ 3	/	192
	30. NAME AND ADDRESS OF PERSON WHO			The second lines	-						

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WHO COMPLETED CAUSE OF DEATH (ITEM 27)



31. DATE FILEO (Month, Day, Year)
MAR 05 1992

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

SEPTION ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician.	UN STORY After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be marked for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	ANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYS	TO THE FIRST OFFICEOR: After this be filed	IMPORTANT: If Item 28 is marked

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR			12711					2	16262
1 - STATE REGISTRAR	STATE OF I	MARYLAND / DEPA CERTIF	RTMENT (OF DEALTI	H AND I		GIENE B. NO.		
1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF OE	TH	VEAD 3	. TIME OF OEATH
DORIS EDNA 4. SOCIAL SECURITY NUMBER	(MUEL)						9, 199		2:30p M
218-14-5581	1 🗌 M 2 🕮 F	6. AGE (In yrs. last birthday) 69 yrs.		EAR IF UND AYS HOURS	ER 24 HRS.	7. DATE OF BIRT	1922	MAR	ACE (State or Foreign YLAND
9e. FACILITY NAME (If not institution, give str				WN OR LOCA				ITY OF OEA	
212 LAKE ROAD			RIV	IERA	BEAC	CH, PAS	ADENA,	ANN	E ARUNDEL
MARYLAND ANNE	ARUNDI		TY, TOWN OR L	OCATION ADENA					Dd. INSIDE CITY LIMITS? YES 2 X NO
10e. STREET AND NUMBER	MOND			10f. ZIP CO			10g. CITI		AT COUNTRY?
212 LAKE ROA	D				21	122		U.S	.A.
11. MARITAL STATUS 1 Never Merried 2XXMerried 3 Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	T EVER IN U.S. ARMED YES 2 140 MR OR DATES	If ye	DECENDENT is, specify Cul YES 2 No	en, Maxica	IIC ORIGIN? (Spec n, Puerto Rican, et	Ify Yes or No	Black, \ Specify:	- American Indian, White, etc.
15. OECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5	Mile Do MOT .	work done during	PATION ng most of work	king	16b. KIND (F BUSINESS/IND		
8th	none	HOMEM	AKER				DOME	STIC	
17. FATHER'S NAME (First, Middle, Lest) LAWRENCE J.	MUELI	ER		18. MO	THER'S NA	ME (First, Middle, M	faiden Surname) MACHE	D)	
19e. INFORMANT'S NAME (Type/Print)			G ADDRESS (St	reet end Numb		Route Number, City			
MR. JAMES H.	HENTHO	DRN, Jr. SAM				oute Hamber, Grey	or lown, otale, Elp	0000)	
20e. METHOD OF OISPOSITION Burlet 2 Cremation 3 Remove	vel from State	20b. PLACE AND DATE cametery, crematory or a	other place)			DATE 20	LEN BU	RNTE	State MARYLAN
4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE DEF	HREE	GLEN HAV		MORTA ME AND ADDR		RK, MA	RCH 3,	199	2
► 7/2	D. I	()	MC	CULLY	FUN	JERAL H			ADENA , MD 2112
23. PART i. Enter the diseases, or conshock, or heart feilure. L. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	Pre	t caused tha death. Do se on each line.		mode of d	ying, suct	n as cardiac or	respiratory arre	est,	Approximata interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSEQUENCE O	F):	ntia				>	5 yrs
PART II. Other aignificant conditions	contributing to	deeth but not reauiting	in the under	iying ceuse	given in	Part I. 24s. W	AS AN AUTOPSY	24b. W	ERE AUTOPSY FINDINGS
Breast can		P.				PE	ES 2 NO	AV CC	MILABLE PRIOR TO OMPLETION OF CAUSE
Depression		Anemia				_ ''''	23 27 10		DEATH?
Uninary Trac	+ Infectio	on Constipa	tion						
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	8. PLACE OF	OEATH (Che	ck only one)			
1 TES 2 NO	1 Inpatient 2	ER/Outpatient 3 DOA	4 Nursing	Home 5	lesidenca	B Cher (Specify	')		
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF (Month, De		JURY	INJURY AT WORK?	□ NO	28d. DESCRIBE H	IOW INJURY OCC	URED	
3 Suicide 8 Could not be datermined	28e. PLACE Of building,	F INJURY — Al home, ferm, etc. (Specify)	street, fectory,	office		281. LOCATION (S City or Town,	treet end Number o State)	or Rural Rout	e Number,
29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI	AN: To the best of	my knowledge, death occurr	ed at the time,	date end plac	e, end due	to the ceuse(e) and	d manner as atate	d.	
29b. SIGNATURE AND TITLE OF CERTIFIER			, y opini						
Candace a	mondle	HD			ENSE NUM			SIGNED (M	onth, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO 5096 Edwir	COMPLETED CAUS			deno	, ,	4P 2H			
MAR U5 1992	30 REGISTRA	a's signature	1 000	0 00 10		_,,,,			

FOR STATE REGISTRAR		STATE OF MARYL				F HEALTH AND OF DEATH	MENTAL HYGIEN REG. NO.	_			
1. DECEDENT'S NAME (First,		Theresa Eve	elyn	Hisley	7		2. DATE OF DEATH MONTH 3	"a a	YEAR	. TIME OF D	EATH M
4. SOCIAL SECURITY NUME	1116169	C	'In yrs. lasi		UNDER 1 YE	AR IF UNDER 24 HRS.	7. OATE OF BIRTH	6	BIRTHPL	0:45 ACE (State of	A. M
212-05-	9216 11	□ M 2 1 F 93	3	YRS. MO	ITHS DA	YS HOURS MIN.	(Month, Day, Year)	M	Country)	and	
9a. FACILITY NAME (if not in			, i			WN OR LOCATION OF D	EATH	9c. COUNT			
Perring Par		ridian Nurs	sing	HOME	ватт	imore		Balt	:Imor	re Cou	nty
10a. STATE	10b. COUNTY	·		10c. CITY, TO						Od. INSIDE C	
Maryland 100. STREET AND NUMBER	Вал	imore Cour	ıty	Balt:	шюте	10f. ZIP CODE		10g, CITIZE		YES 2	
1801 Wentwo	orth Road	ā.				21234		U.S.			
11. MARITAL STATUS		WAS DECEOENT EVER I				DECENDENT OF HISPAI s, specify Cuban, Maxici	NIC ORIGIN? (Specify Yas	or No- 1	4. RACE -	- American II Whita, atc.	ndlan,
1 Never Married 2 3 3 3 5 Wildowed 4 Divo		IF YES, GIVE WAR OR D				YES 2 NO Specific			Specify: Whit		
(Specify onl	EDENT'S EDUCATION STATE OF THE PROPERTY HIGHEST GRADE COMMUNICATION OF THE PROPERTY OF THE PRO		/G/	CEDENT'S USL ive kind of work Do NOT use re	done durin	PATION g most of working	16b. KIND OF BUS	SINESS/INDU	STRY		
Elementary/Secondary (f 12th Grade	0-12) C	ollege (1-4 or 5+)		ok Keer	,		Western	Union	1		
17. FATHER'S NAME (First, M	liddle, Last)					18. MOTHER'S NA	AME (First, Middle, Maiden	Sumame)			
John Daniel 198. INFORMANT'S NAME (1)		Ld	1				tine Trant				
James F. Sc							Aoute Number, City or Tow altimore, I			21234	
20a. METHOD OF OISPOSIT 1 DC Burlal 2 ☐ Crematic		from State		OF DISPOSITION		of cemetery, cremetory or		CATION — CI			
4 Donation 5 Other	(Specify)	F		vood Ce				timore	Ma.	rylan	d
* Karl	leer M	. Mura	ly		Johr	C. Mille: Relair Re		more	Mars	zl and	21206
23. PART I. Enter the d		plicetions that cause only one cause on e								Approx	
IMMEDIATE CAUSE (Fig		0	acti jiiio	10	2	7 Dis	in			Onset	and Death
resulting in death)	→ a_	DUE-TO (OR AS	CONSE	DUENCE OF):	M	7, -5	77	7		+	<u> </u>
	h	aise	Nic	1500	e-ac	le	Cost Start of	E 30	1	le_	
Sequentially list condit if any, leading to imme	diate	DUE TO (OR AS									
cause. Enter UNDERLY CAUSE (Disease or injuited events		DUE TO (OR AS A CONSEQUENCE OF):								-	
resulting in deeth) LAS	eT d										
PART II. Other significa	ent conditions co	ontributing to deeth i	out not r	esuiting in t	he under	lying cause given in	Part I. 24s. WAS AN	AUTOPSY	24b. V	VERE AUTOPS	Y FINDINGS
90		1 0		0 11	-		PERFOI			WAILABLE PRI COMPLETION (OF DEATH?	
July	res	ale	eu	65	w	3				YES 2	□ NO
0		ue	le	1.							
25. WAS CASE REFERRED 1 EXAMINER? 1 YES 2 YES	H	OSPITAL:	netlant 3		гнер:	Marie & Residence					
27. MANNER OF DEATH		28a. OATE OF INJURY (Month, Day, Year)	parent 3	28b. TIME O	F 280	Home 5 Residence INJURY AT WORK?	28d, OESCRIBE HOW	INJURY OCCU	IREO		
1 Natural 5 2 Accident	Pending Investigation				M 1	YES 2 NO					
3 Suicide 8 4 Homicide	Could not be detarmined	28e. PLACE OF INJUR building, atc. (Spe	r — At ho	me, farm, stree	t, factory,	office	281. LOCATION (Street City or Town, State,		r Rural Ro	ute Number,	
COLLECT DITTY	TIFYINO PHYSICIAI	N: To the best of my know	rledge, de	ath occurred a	t the time,	data and place, and du	a to the cause(a) and me	nner as stated	d.		
one) 2 MED	EXAMINER: 0	on the basis of examinetic	on and/or	investigation, i	n my opini	on, death occured at the	e time, data and placa, as	nd dua to the	cause(a)	and menner	is stated.
296. SIGNATURE AND TITLE	E OF CERTIFIER	4				29c. LICENSE NU	IMBER	29d. DATE	SIGNED (Month, Dwy, Yo	ear)

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Furst released to the property of the EUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY FUNERAL DIRECTOR

BALTIMORE, MARYLAND 21203-3146

OF DEATH (ITEM 27) (Type, Print) 32. REGISTUAR'S SIGNATURE AND LANGUE OF THE PROPERTY OF THE PR

1992

w Bond

Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicial
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-to filled within 72 hours after death with the State Debt, of Health and Mental Hydiene prior to burial, cremation, or removal
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF M			ICATE				MENTAL HYG	ENE	- Gra	00204
	1. DECEDENT'S NAME (First, Middle, Last)						D		2. DATE OF DEAT		YPAR	3. TIME OF DEATH
	WILLIAM 4. SOCIAL SECURITY NUMBER	HARPER			1				MARCH	4',19	992Z	0820 M
		5. SEX 1 🖟 M 2 🗌 F	6. AGE (In yrs. lest	birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIFTTH (Month, Day, Yea 9-18-19	30	Count	HPLACE (State or Foreign
	9e. FACILITY NAME (If not institution, give stre		09		9b. CITY	, TOWN O	R LOCATIO	ON OF DE			Pen	nsylvania
DIRECTOR	CHURCH HOSPITAL	CORPO	RATION				MOR':			-		-CAIN
EC	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN C							10d. INSIDE CITY
DIE	MD. BALTIM	ORE		E	BALT	IMO	RE					LIMITS?
RAL	10a. STREET AND NUMBER					10f.	ZIP CODE					WHAT COUNTRY?
FUNERAL	6900 Fenway	12. WAS DECEDENT	FVFR IN II S ADM	4ED	12	WHE DEC	2122				S.A.	
BY	1 Never Married 2 Marriad 3 Widowed 4 Divorced	FORCES? IF YES, GIVE W	YES 2 N	0	- 1 4	If yes, spe	elfy Cubsi 2X NO	n, Mexicai	IIC ORIGIN? (Specifi n, Puarto Rican, etc.	Yes or No—	Spec	E — American Indian, k, Whita, atc. #y: 1 te
TED	15. DECEDENT'S EDUCA (Specify only highest grade co	TION impleted)	16a. DEC	EDENT'S	USUAL OF	CCUPATIO	N et of workin	0	16b. KIND OF	BUSINESS/INC	_	Lee
PLE	Elementary/Secondary (0-12) Unknown	College (1-4 or 5+	, ,		work done (se retired.)				Doth	l ala ama	74	1
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		rei	L. U	iecke	SE/ LC			ME (First, Middle, Ma	lehem S	tee	1
BE C	Patrick Harper						Dora	a Lo	wman			
2	19a. INFORMANT'S NAME (Type/Print)								Route Number, City or		Code)	
	Christine Harper		20b. PLACEA					lalk	Md. 21	LOCATION —	City or To	The State
	1 Donation 5 Other (Specify)		comptery cron	antony or o	ther place)	emat	orv	3-	-92	alto.	Md	
	21. SIGNATURA OF FUNERAL SERVICE LICEN	per		~	Bra	Idley	ADDRES	s of fac	Funeral	Home.	Inc	
_	23. PART I. Entar the diseases, or cor	do M	100550)_	21	34 W	illo	w Si	oring Rd	Dunda	ılk	Md.21222
7	IMMEDIATE CAUSE (Final	at only ona caus	a on each lina.									Approximata interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSECU	JENCE OF	ī):							
FICA	CAUSE (Disease or injury that initiated evants	OUF TO (OR AS A CONSEQU	IENCE OF	D.							
E	resulting in death) LAST			DENGE OF	,.							
	PART II. Other significant conditions	contributing to	death but not re	aultino i	n tha un	darivino	CHIES O	Iven In I	Part I Jan une	AN AUTOPSY	0.00	
JICAL	Reugheral V	asculo	n d	ise	asi	ک <u>.</u>	GI		PER	FORMED?	240.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
ME		SCVD	Puro	2	het	1c				2 NO		OF DEATH?
AN.	25. WAS CASE REFERRED TO MEDICAL	ve, co	ilan	COL	~ 0	en						
PHYSICIAN: MED	EXAMINER?	OSPITAL:	EB/Outpatient 2 [DOA	OTHER	1:			ck only one)			
¥.	27. MANNER OF DEATH	26a. DATE OF II (Month, Day	NJURY	28b. TIM	E OF	28c. INJU	RY AT	7	8 ☐ Other (Specify) 28d. DESCRIBE HO	W INJURY OCC	URED	
BY	1 Natural 5 Pending 2 Accident Investigation				M		\$ 2 [NO				
COMPLETED	3 Suicide 8 Could not be determined	28a. PLACE OF building, e	INJURY — At hom tc. (Specify)	e, larm, s	treel, facto	ory, offica			261. LOCATION (Str. City or Town, St	et and Number ate)	or Rural R	loute Number,
MPL	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA	N: To the best of n	ny knowledge, deat	h occurre	d at the tir	me, data a	nd place,	and due t	to the cause(s) and	manner as state	ıd.	
	200 SIGNATURE AND VITE OF SETTIMES	On the basis of axa	mination and/or in	veatigation	n, In my og	olnion, dei	eth occure	d at the t	ime, data and place	and due to the	a cause(s) and menner as stated.
8	296. SIGNATURE AND TITLE OF CERTIFIER			0.0			29c. LICE		BER L12	29d. DATE	SIGNEO	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE				HURC	CHBH			RPORA	TIO	
	DR CAROL RAMSEY				10	0 11	BR	OAD				MD. 2123
	31. DATE FILEO (Month, Day, Yar) 12.	32. REGISTRAR 1992	S SIGNATURE	. Victor	- Almo	Lette						
	THE CO.	378.97										

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permit. Pages 1, 2, 3 should

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CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

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DR.

31. DATE FILED (MODIL), Day, 1647) 92

OCHANEY

06265 92 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR PERNEU 11.458 JOHNSON 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. -18-2233 1 M 2 F DAYS HOURS MIN 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR RESIDENC EDENT 10a. STATE 10b. COUNTY 10c. CHY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 30140 1 YES 2 NO 10e, STREET-AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 00 4.5.A 212/5 12. WAS DECEDENT FVER IN U.S. ARMED FORCES? 1 L YES 2 XNO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14, RACE 1 Never Married 2 Merried If yes, specify Cuban, Mexican, P
1 ☐ YES 2 NO Specify: IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION pecify only highest grade complete 166. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumeme. 19b. MAILINO ADDRESS (Street 21218 METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITIONAL OATE 20c. LOCATION Cremetion 3 [3-59 Donetion 5 Other (Specify) Tores 77500 SIGNATURE OF JUNERAL SERVICE LICE 22. NAME AND ADDRESS OF FACILITY R 500 23. PART 1. Inter the diseases, or complications the ceused the death. Do not enter the mode of dying, auch as cerdiec or reepiratory arrest, Approximate shock, or heart feliure. List only one cause on each line. Interval Batween IMMEDIATE CAUSE (Final Onset and Death disease or condition DSVO resulting in death) OUE TO (OR AS A CONSEQUENCE OF Sequentially liet conditions, OUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditione contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE molnu ailune 1 YES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 8 | Other (Specify) 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO 2 Accident 3 Sulcide 28s. PLACE OF INJURY — At home, ferm, street, fectory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined 4 Homicide 29s. CERTIFIER 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date end place, the cause(s) end manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER

MEDICAZ

HOUNSE

32 REGISTRAR'S SIGNATURE

OFFICER

LIBERTY HEIGHTA

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) LI BERTY MEDICAE CENTE.



29d. DATE SIGNED (Month, Day, Year,

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TIMOKE, MD 2/21

as the burial-transit permit. Pages 1, 2, 3 should

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or art TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

92 06266 FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REG. NO t. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH YEAR VIRGINIA 3 RUTH KRAUSCH 92 11:20 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5 SEY IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign t 🗌 M 2 🖾 F 220-09-2406 90 5-4-01 WEST VIRGINIA 9e. FACILITY NAME (If not institution, give street and no 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR NORTH ARUNDEL HOSPITAL GLEN BURNIE ANNE ARUNDEL RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND ANNE ARUNDEL SEVERN t TYES 2 X NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 7959 TELEGRAPH RD. LOT 77 21144 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? t YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried If yee, specify Cuben, Mexicen, Puerto Rican, etc.)

1 YES 2 NO Specify: BY 3 X Widowed 4 Divorced Specify: WHITE COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) NONE HOME MAKER OWN HOME 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) LOUIS ELLIS BE (UNKNOWN) HARRINGTON 19e, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 0 VIRGINIA ST. CLAIR 827 MEADOW RD. SEVERN, MD 21144 20e. METHOD OF DISPOSITION

1 X Burlel 2 Cremetion 3 R 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State 4 Donation 5 Other (Specify) MEADOWRIDGE MEMORIAL PARK 2-6-92 ELKRIDGE, MD 21. SIGNATURE OF FOR MRAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SINGLETON FUNERAL HOME 1.42 SECOND AVE. S.W. GLEN BURNIE, MD 21061 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such ea cerdiec or respiratory arrest, Approximete ahock, or heert failure. List only one ceuse on each line. Intervel Between IMMEDIATE CAUSE (Final Onset and Death disease or condition reaulting in death) mmediale CERTIFICATION Manedio Sequentielly list conditiona, If any, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in deeth) LAST PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 TES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL OTHER: 1 TES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 - Nursing Home 5 - Residence 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Naturel
2 Accident 5 Pending Investigation BY 1 YES 2 🗌 NO 3 Suicide 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 29e. CERTIFIER (Chark ank 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee stated. 2 MEDICAL EXAMINER: On the beels of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and manner ea stated.

COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

IRA KAPLAN 7845 OAKWOOD RD. GLEN BURNIE, MD 21061

32. REGISTRAR'S SIGNATURE relia Davidson

29c. LICENSE NUMBER



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31. DATE FILED (Month, Day, Year) MAR 05

29d. DATE SIGNED (Month, Day, Year)

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L DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the country after death. Page 6 may be retained by the hospital	. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to	hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	isem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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THE HOSPITAL I THE FUNERAL C filed within 72 h HOSPITAL

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92 06267 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH BEG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATN MARGARET KENDZIOR 29 92 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year 8. BIRTNPLACE (State or Foreign 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. DAVE 1 M 2 F 82 YRS. 213-14-9306 MARYL -18 - 09AND 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATN DIRECTOR 2244 CAMBRIDGE STREET BALTIMORE RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10a STATE 10h. COUNTY 10d. INSIDE CITY MARYLAND BALTIMORF YXYES 2 NO 10a. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 101 ZIR CODE 2244 CAMBRIDGE STREET 21224 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS WAS DECENDENT OF NISPANIC DRIGIN? (Specify Yee or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried IF YES, GIVE WAR OR DATES 1 YES 2 XND Specify Specify BY 3 🕅 Widowed 4 🗌 Divorced WHITE COMPLETED 16a, DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18h. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 8 YEARS HOMEMAKER 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) FRANK RAYMOND BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 21224 2 MRS. WANDA KORZENIEWSKI 2418 E. BALTIMORE STREET BALTIMORE, MARYLAN 20c. LOCATION — City or Town, State 20e, METNOD OF DISPOSITION
1 ☑ Buriel 2 ☐ Cremation 3 ☐ Removal from State 20b. PLACE OF DISPOSITION (Name of cometery, crematory or OAKLAWN CEMETERY BALTO. MD. 4 Donetion 5 Other (Specify) 22. NAME AND ADDRESS OF FACILITY SIGNATURE OF FUNERAL SERVICE LICENS KACZOROWSKI FUNERAL 2525 HOME FLEETS BALTIMORE, MARYLAND 21224 PART I. Enfer the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death IMMEDIATE CAUSE (Final Myo cordial disease or condition reaulting in death) DUE TO (DR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (DR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST Injury, or PART II. Other aignificant conditions contributing to death but not reaulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? **AVAILABLE PRIOR TO** COMPLETION OF CAUSE Item 23 shows any 1 | YES 2 | NO OF DEATH? deation 1 YES 2 ND PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 | YES 2 10 4 Nursing Home 5 Residence 6 Other (Specify) 6 26e, DATE OF INJURY (Month, Day, Year) 27. MANNER DF DEATN 28c. INJURY AT 28d. DESCRIBE NOW INJURY OCCURED Is marked, 1 Natural 5 Pending investigation 1 YES 2 ND BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number City or Town State) 3 🗌 Sulcide 6 Could not be COMPLETED 28 4 Homicide Tem 29e. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated. IMPORTANT: If 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner ee stated. AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED-(Morsh, Day, Year) BE

Henden

ESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATUR 1992

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burns be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burian be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24	4 hours after death. Page 6 may be retained by the hospital or a more on any
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fit be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation	illed in by the funeral director, page 5 should be detached for use as the benta, or removal.
	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the	e medical examiner must be notified at once.

31. DATE FILED (Month, Day, Year)

MAR 5

	FOR STATE REGISTRAR		STATE OF I	MARYLA	ND / DE	PAR	TMENT OF	HEALTH F DEA	AND I	MENT	AL HYGI		92	06268
MINISTER	1. DECEDENT'S NAME (First			WARD	KING					2. DA	TE OF DEATH	DAY	YEAR 92	3. TIME OF DEATH
200	4. SOCIAL SECURITY NUMBER 111 40 9788	BER B	5. SEX 1 ⊠ M 2 ☐ F	6. AGE (In	yrs. last birt	hday) rRS.	IF UNDER 1 YEAR		R 24 HRS.	(Mo	TE OF BIRTH brith, Day, Year r 10,)	8. BIRT Court	HPLACE (State or Foreign
L DIRECTOR	99. FACILITY NAME (If not institution, give street and number) HOLY CROSS HOSPITAL RESIDENCE OF DECEDENT						96. CITY, TOW SILVE	R SPR		EATH	9c. COUNTY OF DEATH MONTGOMERY			
	100. STATE MARYLAND	STATE 10b. COUNTY				10c. CITY, TOWN OR LOCATION FT. WASHINGTON								10d. INSIDE CITY LIMITS? XX YES 2 \(\) NO
FUNERAL	100. STREET AND NUMBER 7615 Webster Lane							101. ZIP COD					WHAT COUNTRY? STATES	
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER FORCES? 1 YES			YES	2 K NO		If yes,	ECENDENT (apacify Cube ES 2 X NO	in, Mexica	n, Puert	GIN? (Specify to Rican, etc.)	Yes or No-	E — American Indian, ok, White, etc.	
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) Cottege (1-4 or 5+)			+)	16a. DECEDENT'S USUAL OC (Give kind of work done of life. Do NOT use retired.) PAINTER				ng		66. KIND OF		DUSTRY	
BE COM	17. FATHER'S NAME (First, Middle, Last) ARTHUR TYLER							PAINT COMPANY 18. MOTHER'S NAME (First, Middle, Meiden Surneme) AUDREY KING						
2	ARTHUR TYLER, FATHER				120	9 .	NG ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) Alabama Avenue, SE Washington, D.C. 20032							
	1 2 Buriel 2 Cremation 3 Removal from State 4 Donatton 5 Other (Specify) HARMONY MEMORIAL PARK B/6/92 Landover,													
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE M859								20020					
	23. PART I. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Approximata interval Batweer Onset and Death Approximata interval Batweer Onset and Death													
CATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING													
CERTIF	that initiated events	1	OUE TO	(OR AS A C	CONSEQUEN	ICE OF	ግ :							
MEDICAL	PART II. Other algnifica	nt condition	contributing to	desth but	t not resul	ting i	n the underly	Ing cause (given in	Part I.	PER	AN AUTOPSY ORMED?	24	. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
HYSICIAN:	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 J-NO	MEDICAL	HOSPITAL:	ER/Outpet	tient 3 🗆 D	HOA	26. OTHER: 4 □ Nursing H	PLACE OF D					1	
BYP	2 Accident	investigation	28e. DATE OF (Month, D	ay, Ybar)		b. TIMS	E OF 28c.	NJURY AT VORK? YES 2		28d. D	ESCRIBE HO			
LEIED	4 Homicide	Could not be determined	building,	etc. (Specify	v)					CH	ly or Town, Sta	ite)		Route Number,
COMP	(Check only one) 2 MEDI	CAL EXAMINER												s) end menner as stated.
10 85	ARTHUR TYLER, 20e. METHOD OF DISPOSITION 1 ME Burial 2 Cremation 3 4 Donation 5 Other (Spec 21. SIGNATURE OF FUNERAL SEF 23. PART I. Enter the disease shock, or heart: IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the condition of the cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST 25. WAS CASE REFERRED TO METER AND INTERPLATED TO METER ACCIDENT OF THE CONDITION OF		UL MO	SE OF DEAT	H (ITEM 27)	(Time	Print1		782			29d. DA	TE SIGNED	(Month, Day, Year)

1992 Julia Lavidson-Rindale

BALTIMORE, MARYLAND 21215-0020	SICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	or removal. medical examiner must be notified at once.
VINISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOW THE ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 t		be they within a hours after ocean with the place been, or result and wentar hydrer prior to build; cremation, or removal. IMPORTANT: it item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARY			IENT OF H ATE OF				YGIENE EG. NO.			
1	1. DECEDENT'S NAME (First, Middle, Last)	N 3 A			LEONAF			2. DATE OF I		, .		IME OF DEATH
	4. SOCIAL SECURITY NUMBER	S SEX JAN	t	KN	IGHT			2		7 9		31.20 Pm
	215-09-4213	1 X M 2 D F	SE (In yrs. last birth)	MON	UNDER 1 YEAR NTHS DAYS	HOURS	24 HRS. MIN.	7. DATE OF E (Month, De	(Year)	1.	Country)	E (State or Foreign
	9a. FACILITY NAME (If not institution, give s	1 ''	01 "		CITY, TOWN O	R LOCATI	ON OF DE	8/30	0/10	THUCO AS	Mary T OF DEATH	
OR	Saint Agnes Hos				altimor		on or be	AIII	- 1		IA	
ECT	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	y	100	CITY TO	OWN OR LOCATI							
DIR	Maryland Ani	ne Arundel		_	adena	ON					- 1	INSIDE CITY LIMITS? YES 2XXNO
AL	10e. STREET AND NUMBER					ZIP CODI				10g. CITIZE	N OF WHAT	
FUNERAL DIRECTOR	7934 Liberty (21122				JSA	
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3X Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YE IF YES, GIVE WAR OF	S 2 XNO		13. WAS DECE It yea, spe 1 YES	cify Cuba	n, Mexican	IC ORIGIN? (Sp n, Puerto Ricen	ecify Year , atc.)	or No 14	Black, Whi	merican Indian, Ita, atc.
	15. DECEDENT'S EDU	CATION					1112				h	lhite
COMPLETED	(Specify only highest grade	completed) College (1-4 or 5+)	(Give kine		AL OCCUPATION done during mos fred.)		g	16b, KIN	OF BUSI	NESS/INDUS	TRY	
절	12th Grade	College (1-4 of 5 +)	Retir	ed S	Shippin	ıg &	Rece	eiving	Clov	erlan	d Dai	rv Co.
8	17. FATHER'S NAME (First, Middle, Last)	1/				18. MOTH	ER'S NAM	AE (First, Middle	, Maiden S	umama)		<u> </u>
B	Marvin L. 19a. INFORMANT'S NAME (Type/Print)	Knight	and the second			Sar				Knig		
2	Mrs. Romona D. 1	ravers	196. MAII	934	Libert	y Cl	or Aural A	outo Number, C Dasader	ty or Town,	State, Zip Collary la	nd	21122
	20a. METNOD OF DISPOSITION 1 Burlel 2 Commation 3 Rem	oval from State	Ob. PLACE AND DA	TEOF DIS	SPOSITION (Nan	ne of		DATE			y or Town, S	
	4 Donation 5 Other (Specify)	SINSEE KOVI	Metro c n E. Eck	rema	22. NAME AND	INU.	S OF FAC	3/3	Cat	onsvi	He,	Maryland
	18 8	I KCV II	I L. LCN	eı	McCu1	ly F	uner	al Hon	ne of	Broo	klyn	01.005
	23. PART I. Enter the diseases, or o	omplications that caus	ed the deeth. I	D not a	intar tha mod	a of dyl	ng, such	CO AVE	or respire	tory arrea	, Ma.	21225 Approximata
	shock, or heart failure. IMMEDIATE CAUSE (Final			. 1	10 40					C = 1		Interval Batween Onset and Death
	disease or condition resulting in death)	a. THE YELL	en ta	llul	exights.	Left	Ve	Muci	lon	tauli	ue	
z		multi	raturela	w]	Disean	-/5	ener	e as	rtie.	chewer	رف	
CERTIFICATION	Sequentially list conditions, if any, laading to immediate	DUE TO (OR AS	A CONSEQUENC	E OF):			mi	bal 9	ng !	ter tre	Jun 1	
	CAUSE (Disease or Injury											
	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST											
	PART II. Other significent condition	& contributing to death	had one social	I- M							1	
CAL	COPD, Chr	vie Roma	ul Faci	lui	underlying				WAS AN AL	ED?	AVAIL	E AUTOPSY FINDINGS ABLE PRIOR TO PLETION OF CAUSE
PHYSICIAN: MED	CHE		4 /50					_ 1 □	YES 2	Mo	OF D	EATN?
ä								_			' '	YES 2 NO
ᅙ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТІ	26. PLA	CE OF DE	ATN (Chec	k only one)				
H	1 YES 2 NO 27. MANNER OF DEATN	28e. DATE OF INJUR			Nursing Nome 28c, INJUI		7					
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year	,	INJURY	WOR			28d. DEŞCRIBI	E NOW INJ	UNY OCCUR	ED	
	3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF INJUI building, atc. (S)	RY — At home, far	m, streat,	, factory, office			28f. LOCATION City or Tow	(Street and	d Number or	Rural Route A	lumber,
	20. CENTERO											
COMPLETED	(Check only 1 NCERTIFYING PNYSIC	CIAN: To the best of my kno R: On the basis of examinat	owledge, death occion and/or investig	urred at t	the time, data a my opinion, dea	nd place, ith occurr	and due to	o the cause(a) ime, data and s	and menne	er as stated. due to the c	suse(a) and :	menner se stated
	296. SIGNATURE AND TITLE OF CERTIFIER						NSE NUMB				GNED (Monti	
O BE		ya MD					754			▶ 2	88.9	2)
	900 Cachen	Ave , Bec	CTIMOU	ype, Print)	MD &	112	29					
	MAR 05 1992	32. REGISTRAR'S SIG	MATURE Mandell				7					

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IVISION OF VITAL RECORDS, P.O. BOX 68760	R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2a h

	REGISTRAR	CERTIFI	CATE O	F DEATH	REG.	NO		
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEAT			3. TIME OF DEATH
	ANGELA LARWA				MONTH /	DAY	YEAR	1950
		E (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	7.2	A DIPTH	PLACE (State or Foreign
	213-36-1987 1□ м 2 🖄 ғ		MONTHS DAY		(Month, Day, Yea	r)	Country	v)
	9a. FACILITY NAME (If not institution, give street and number)	J 2c.			3-28-39		POL	
oc			9b. CITY, TOW	OR LOCATION OF D	EATH	9c. COUN	NTY OF D	EATH
DIRECTOR	CHURCH HOSPITAL CORPORT	TION	RAT	TIMORE				
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY							
<u>E</u>	MARYLAND		TOWN OR LO					10d. INSIDE CITY LIMITS?
		BAL	TIMOR	E				1 YES 2 NO
A	100. STREET AND NUMBER			10f. ZIP CODE		10g. CITI	ZEN OF W	HAT COUNTRY?
BY FUNERAL	504 S. MONTFORD AVENUE			21224		l	JSA	
5	11. MARITAL STATUS 12. WAS DECEOENT EVER	IN U.S. ARMED	13. WAS D	ECENOENT OF HISPA	NIC ORIGIN? (Specify	Yes or No-	14 BACE	- American Indiae
	1 Never Married 2 Married FORCES? 1 YE	S 2XXXVO	II yes,	epecify Cuben, Mexico	an, Puerto Rican, atc.)		— American Indian, White, atc.
	3 Widowed 4 Divorced	DAILS	101	ES 2 M NO Specif	y:		Specifi WHI	Y: TE
유	15. DECEDENT'S EDUCATION	16a. DECEDENT'S	JSUAL OCCUPA	TION	16h KIND OF	BUSINESS/IND		
	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	(Give kind of wa	ork done during	most of working	TOD. KIND OF	DOSINESS/IND	OSTRY	
립	8 YEARS	HOMEMAK	FR					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)							
	ADAM LARWA				ME (First, Middle, Mai	den Surname)		
8					CYTA			
2	19a. INFORMANT'S NAME (Type/Print)			and Number or Rural				
	MRS. ANNA LARWA	504	S. MU	NTFORD A	AVENUE E	JALTO.	MD	. 21224
	20a. METHOD OF DISPOSITION 1 M Burlal 2 Cremation 3 Removal from State	Ob. PLACE AND DATE OF	FDISPOSITION	Name of	OATE 20c.	LOCATION -	City or To	vn, Stata
	4 Donation 5 Other (Specify)	T. STANI	SLAUS	CEMETER	RY3-7 BA	LTO C	YTI	MD.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME	ZOROWSK	CILITY			
	(Khaimsond Ha	1.1						
	A July Man Harry	sur	252	5 FLEET	STREET	BALTO	. M	D. 21224
	23. PART I. Enter the diseases, or complications that caus shock, or haart failure. List only one cause on	ed the death. Do no	ot enter the n	node of dying, auc	h aa cerdiec or re	apiratory arm	est,	Approximata
	IMMEDIATE CAUSE (Finel							Interval Between Onset and Death
- 1	disease or condition resulting in death)	y la	TIT	NG CANCE	3.0			Din the
		A CONSEQUENCE OF)	:	NG CANCI	1R			10019
z								i
9	Sequentielly list conditions, if any, leading to immediate	A CONSEQUENCE OF)	:					
8	cause. Enter UNDERLYING							
Ē		A CONSEQUENCE OF)	:					-
CERTIFICATION	resulting in death) LAST							
2	0							1
MEDICAL	PART II. Other aignificant conditions contributing to death	but not resulting in	the underlyi	ng cause givan in				
5					100			
					I U YES	2 NO		
								1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL							
\overline{c}	EXAMINER? HOSPITAL:		26. OTHER:	PLACE OF DEATH (Ch	eck only one)			
PHYSICIAN:	1 YES 2 NO 1 Inpetient 2 ER/Ou	ipatient 3 DOA		me 5 🗆 Residence	6 Other (Specify)			
Hall	27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year)	28b. TIME		IJURY AT	28d. DESCRIBE HO	W INJURY OCC	URED	
BY	1 Naturel 5 Pending 2 Accident Investigation			YES 2 NO				
	3 Suicide 8 Could not be 28a. PLACE OF INJUR	ty - At home, term, str	eet, factory, off	ce	281. LOCATION (Stre	et and Number	or Rural Ro	oute Number,
2	4 Homicide determined	ouny)			City or lown, St.	ife)		
ا ت	29a. CERTIFIER A CERTIFYING PHYSICIAN: To the heat of an income		7 - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1	- N. Comment	PERFORMED? 1 YES 2 NO NO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO PEDEATH (Check only one) Residence 6 Other (Specify) 2 NO 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 22. NO 251. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
Z I	(Check only one) 2 MEDICAL EXAMINER: On the basis of examinest	wiedge, death occurred	at the time, da	a and place, end due	to the cause(s) and	nanner as state	id.	
COMPLETED		on and/or investigation,	, in my opinion,	death occured at the	time, data and place,	end due to the	ceuse(s)	and menner as stated.
BE	290 SIGNATURE AND TITLE OF CERTIFIER	1. Decis	050	20 LICENSE NUM	ABER	29d. DATE	SIGNED	Month, Day, Year)
2	1000 COCCUE MI TITLE	· specie	1 1	1403	56	D 3	3/9	6/92
-	30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF D	EATH (ITEM 27) (Type, F	Print)	0	01 4 11	<u> </u>	1	
	(N. NANADED 100 H	· Busa	Duby	n Ba	ego. Mil	· 2	193	/
	31. DATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIG	NATURE						
	MAD 5 1992 Fulia	Davidson Ba	delle	2				
	MAK 2 1934	Marian Maria		:				

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - REGISTRAR		CERTIF	ICATE OF	RE	G. NO.	6:15 P.				
}	1. DECEDENT'S NAME (First, Middle, Last)	MARY LOUI	SE LAMM	Total Control		2. DATE OF DE	ATMAR.3,19	92 3. TIME OF DEA			
	MAR		MM			march		2 6.1			
	4. SOCIAL SECURITY NUMBER 217-52-8741		(In yrs. last birthday) 95 YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF BIT (Month, Day,	Year) (BIRTHPLACE (State or F Country)			
	9a. FACILITY NAME (If not institution, give		95	9b. CITY, TOWN	OR LOCATION OF D		0,1896 De. COUNTY	MARYLAND OF DEATH			
ST TOSEDH'S HOSDITAL BALMINOPH											
Dinecto	10a. STATE 10b. COUN	RFORD		Y, TOWN OR LOCA HITE HAL				10d. INSIDE CIT LIMITS? 1 YES 2			
- 1	100. STREET AND NUMBER 4768 NORRISVIL	I.E. ROAD			1. ZIP CODE 21161			OF WHAT COUNTRY?			
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IF FORCES? 1 YES	2 NO	If you, sp	CENDENT OF HISPA Decity Cuben, Mexico S 2000 Specific	an, Puerto Rican,	S.A. RACE — American Ind Black, White, atc. Specify: WHITE				
בחמ	3 XXWidowed 4 Divorced 15. DECEDENT'S ED	LICATION	16a. DECEDENT'S USUAL OCCUPATION				16b. KIND OF BUSINESS/INDUSTRY				
-	(Specify only highest grad	(Give kind of life. Do NOT u	work done during me	ost of working	100. KIND	OF BUSINESS/INDUS	INT				
	NA	College (1-4 or 8 +) NA	HOMEMA	AKER			OWN HOME				
COMPLET	17. FATHER'S NAME (First, Middle, Last) MICHAEL LONG				18. MOTHER'S NA MINN	AME (First, Middle, IE KREB					
100	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street			y or Town, State, Zip Coo	de)			
2	MARGUERITE ROBIN	SON (DGHTR)					TE HALL, N				
	20s. METHOD OF DISPOSITION 1) Burlei 2 Cremation 3 Re	movel from State	b. PLACE AND DAT	E OF DISPOSITION	(Name	DATE	DATE 20c. LOCATION City or Town, State				
	4 Donation 5 Other (Specify)	I	BALTIMORE								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SCHIMUNEK FUNERAL HOMES, INC.										
	SCHIMUNEK FUNERAL HOMES, INC. 9705 BELAIR RD., BALTIMORE, MD 21236										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events										
resulting in death) LAST											
MEDICAL	PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 VES 2 VAO										
			3.5					1 YES 2			
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		28. PLACE OF DEATH (Check only one) OTHER: 3 □ DOA 4 □ Nursing Home 5 □ Residence 6 □ Other (Specify)							
PHY	27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	26b. Til	ME OF 28c. IN	JURY AT ORK?	6 Other (Specify) 26d. DESCRIBE HOW INJURY OCCURED					
ED BY	1 Natural 5 Pending Investigation 2 Accident Investigation 3 Sulcide 6 Could not be detarmined detarmined 1 Homicide Sulcide S							Rural Route Number,			
				4							
COMPL	one)	SICIAN: To the best of my known NER: On the basis of examinating						ause(a) and manner as			
2	29b. SIGNATURE AND TITLE OF CERTIF	IER		4	29c. LICENSE NU)MBER	29d. DATE S	IGNED (Month, Day, You			
∞	Beatin	P. A Linson	~ M.	0.	016	492	- 1 3	13/92			
2	30. NAME AND ADDRESS OF PIUMON V	VHO COMPLETED CAUSE OF D	EATH (ITEM 27) (Typ	e, Print)	12/-	it	100	7-			
	31. DATE FILED (Magrib, Day, Year)	32. REGISTRAR'S SIG	D N -CT	Joseph	10 10 cg	ques,	Vous	on, n			
		992 32. REGISTRANS	vidson Bond	402		15					
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DIRECTOR

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MEDICAL CERTIFICATION

PHYSICIAN: 0 marked. BY

COMPLETED

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FUNERAL DIRECT within 72 hours a HOSPITAL TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II 8. BIRTHPLACE (State or Foreign

10d. INSIDE CITY

14. RACE — American Indian, Black, White, atc.

21236

24b. WERE AUTOPSY FINDINGS AMAJLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

YES 2 NO

▶03/03/92

Approximate Interval Between

Onset and Death

Specify: WHITE

1 TES 2XX NO

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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital of	DIRECTOR: After this certificate has been signed by the affending physician and completely filled in by the funeral director, page 5 should be detached for	hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
NO	R: A	er de	-55
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OR	JIRE	SUNO	Ee
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DIVISION OF VITAL RECORDS, P.O. BOX 68760.

BALTIMORE, MARYLAND 21215-0020

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MAR. 2, 199 23. TIME OF DEATH MONTH 03 02 92 11:10 P WILLIAM THOMAS LEHMANN 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER t YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year DAYS 1 K M 2 □ F 40 120-42-6034 JULY 6,1951 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH BELAIR AND MT. VISTA RDS. KINGSVILLE BALTIMORE RESIDENCE OF DECEDENT 10a. STATE 10c, CITY, TOWN OR LOCATION MARYLAND BALTIMORE BALTIMORE 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4118 LOCH LOMOND DRIVE 21236 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yea or NoIf yea, specify Cuban, Maxican, Puerto Rican, etc.)
1 YES 2 NO Specify: 1 Never Married 2 X Married 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind at work done during most at working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) NA BOTTLING COMPANY NA PRODUCTION WORKER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) FREDERICK LEHMANN BERNICE RIFFMAN 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) MARY A. LEHMANN 122 E GREATNECK RD., AMITYVILLE, NY (WIFE) 20a. METHOD OF DISPOSITION
1 Duriat 2 Cremation 3 R 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE METRO CREMATORY 4 Donation 5 Other (Specify) INC. BALTIMORE, MARYLAND 21. SIGNATURE OF FUNERAL SE SCHIMUNEK FUNERAL HOMES, INC. 9705 BELAIR RD., BALTIMORE, MD 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. **IMMEDIATE CAUSE (Final** disease or condition resulting in death) 4 DUE TO (OR AS A CONSE Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting to death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part t. 24s. WAS AN AUTOPSY NES 2 NO

25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 💢 YES 2 🗌 NO					26. PLACE OF OEAT	H (Check ont	y one)			
		HOSPITAL: 1 Inpatient 2 ER/Outpatient 3	□ DOA	OTHE	R: rsing Home 5 - Reside	ence 8 Xc	ther (Speci	y STF	REET	
1 Natural Accident	5 Pending investigation	26a. DATE OF INJURY (Month, Day, Year) 03/02/92	28b. TIME INJU 9:10	URY	28c. INJURY AT WORK? 1 YES 2 N				auto/Auto	Impac
3 Suicide 4 Homicide	8 Could not be determined	bunding, etc. (Speciff)	TREE		tory, office	261, L		Street and	Number or Rural Route Number MT.VISTA	er;

(Check only	1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated,
one)	MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cau

se(a) and manner as stated. TITLE OF CERTIFIES 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

O.C.M.E.

and the second second			
III. NAME AND ADDRESS	S OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Print)

MALK J. GERTE 111 PENN STREET, BALTIMORE, MARYLAND 21201 31. DATE FILED (Month, Day-Year)

32. REGISTRAR'S SIGNATURE whia Devidson-Randell MAR

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hospital or attending physician.	ached for use as the burial-transit permit. Pages 1, 2, 3 show	.
G PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physic	fler this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be stated by the second of the second	tarked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TY THE HOSPITAL OR ATTENDING PHYSI	be filed within 72 hours after death with 1	IMPORTANT: if item 28 is marked,

										12	06273
	FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPAI CERTIF	RTMENT	OF HE	ALTH AN	D MENT	TAL HYGIEN	E	/ (00210
	1. DECEDENT'S NAME (First, Middle, Last)	Eva E. Livols						TE OF OEATH	NY .	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		s. last birthday)	IF UNDER	4 454.0			3 2	9	2	1025A.
	215-24-1594	1 □ M 2 🔀 F 72	YRS.	MONTHS		IF UNDER 24 HP	N. (Mi	TE OF BIRTH onth, Day, Year)	- 1	Country)	
	90. FACILITY NAME (If not institution, give s			9b. CITY,	TOWN OF	LOCATION O		-10-1920		Mary]	
OR	Saint Agnes Hospi	tal		Bal	timo	re Cit	-7.7			/A	
딦	RESIDENCE OF DECEDENT 100. STATE 100. COUNTY	1	10c CD	Y, TOWN O			-7		14		
DIRECTOR	Maryland N/A	1		Ltimo							Od. INSIDE CITY LIMITS?
AL	10e. STREET AND NUMBER			LULIND		TIP CODE			10g, CITIZ		YES 2 NO
FUNERAL	3427 Elmley Avenu	le				21213				S.A.	
E.	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2	S. ARMED	13. V	WAS DECE	IDENT OF HIS	SPANIC ORI	GIN? (Specify Yes to Rican, etc.)			- American Indian, White, etc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES	<u>A</u>			NO Sp		to Hican, etc.)		Specify:	
	15. DECEDENT'S EDU	CATION 16r	. DECEDENT'S	USUAL OC	CCUPATION			16b. KIND OF BUS	INESS/INDI	Whit	e
ET	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of life. Do NOT u	work done o se retired.)	during most	of working	- 1.	IOU. KIND OF BOS	INESS/INDC	JOINT	
COMPLETED	6th Grade	N	artin	Mari	etta			Home Ma	ker		
	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S	NAME (Firs	t, Middle, Meiden S	Sumeme)		
BE	Walter McCormick 190. INFORMANT'S NAME (Type/Print)					mily	Cam]	ine Wol	frum	,	
5	Joseph James Livo	lai						umber, City or Town			
	20e. METHOD OF DISPOSITION	20b BLA	CEAND DATE	P.LIIILE OF DISPOSI	EV AT	zenue.	Balt	imore,	Mary]	and	21213
	1 ★ Burlet 2 ☐ Cremetion 3 ☐ Remote 4 ☐ Donation 5 ☐ Other (Specify)	oval from State cometery	, crematory or o	ther place)			1	5 Balt			
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. N	NAME AND	ADDRESS OF	FACILITY				
	Satplier 1	3. hursky	_	Jol 64	nn C. 15 B€	Mille	er, I Road.	nc. Baltim	nre.	Mary	land 21206
	23. PART I. Entar the diseases, or cashock, or heart fellure.	omplications that caused the	death. Do	not enter	the mode	of dying, s	such as co	ardiac or reapir	atory erre	st,	Approximate
	IMMEDIATE CAUSE (Final disease or condition	C .		٠,		\bigcirc					Interval Between Onset and Death
	resulting in death)	DUE TO (OR AS A CON	fels f) UA	lee	W.	hes	1			
_	_	Co O	4SEGUENCE/D	F):	J						
5	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A COM				1					-
S	cause. Enter UNDERLYING CAUSE (Disease or Injury		lale		fei.	Euse	3				
ERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS A COM	SEQUENCE OF	5:	D	Do.	0				
E		- A CUS	4 (~	1 000		7.0			-
N.	PART II. Other significant condition		ot resulting	in the unc	darlying o	euse given	In Part I.	24a. WAS AN A PERFORM			ERE AUTOPSY FINDINGS MILABLE PRIOR TO
Dig:	SID TK	R						1 TYES 2		CC	OMPLETION OF CAUSE F DEATH?
×										1	YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL				26 61 40	E OF DEATH	/Oh h h				
Sic	EXAMINER?	HOSPITAL:	8 3 DOA	OTHER 4 Number	:	E OF DEATH					
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF	28c. INJUR			ESCRIBE HOW IN	JURY OCCU	IRED	
BY	1 Netural 5 Pending 2 Accident Investigation			URY M		2 NO					
B	3 Suicide 8 Could not be determined	28s. PLACE OF INJURY — A building, etc. (Specify)	t home, ferm, s	treet, fecto	ery, office		28f. L.C	CATION (Street entry or Town, State)	d Number o	r Rural Rout	Number,
COMPLET	290. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my knowledge	death acces	of at the et-	na det-	d along					
OWI	(Check only one) 2 MEDICAL EXAMINER	3: On the basis of exemination and	or investigation	n, in my op	ne, asse er dinion, desi	h occured at 1	the time, da	revise(s) end menn the end place, end	due to the	couse(s) ==	nd menner es stated
ш	296. SIGNATURE AND TITLE OF CERTIFIER			0		9c. LICENSE?					onth, Day, Year)
m	X \ / / / / / / / /	211/2 1/1	10,	10	0 10	Λ				1	100

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31. DATE FILED (Month, Day 1992)
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Section 1944

BALTIMORE, MARYLAND 21215-0020	wifter death. Page 6 may be retained by the hospital or attending physician.	by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should immoral.	leal examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 in wither death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTA	MENT OF HEALTH AN		HYGIENE REG. NO.	00214		
		adison			2. DATE OF MONTH	DEATH DAY	YEAR 6:15 PM		
	4. SOCIAL SECURITY NUMBER 213 -74 -8003 98. FACILITY NAME (If not institution, give s	5. SEX 1 M 2 F 6. AGE (In	YRS. MO	UNDER 1 YEAR IF UNDER 24 HR	(Month, De	1-1900	BIRTHPLACE (State or Foreign Country)		
DIRECTOR	ST Agns A	lospital		Ba (4)	DEATH	9c. COUNT	Y OF DEATH		
	10a. STATE 10b. COUNTY	2	Ba	OWN OR LOCATION		100 CITIZ	10d. INSIDE CITY LIMITS? 1 PYES 2 NO EN OF WHAT COUNTRY?		
FUNERAL	818 WEDGE WOO	D KOGO 12. WAS DECEDENT EVER IN I		2/2	PANIC ORIGIN? (S	Specify Yes or No 1	4. RACE - American Indian		
В	1 Never Married 2 Merried 3 Widowed 4 Divorced 15. DECEDENT'S EQU	IF YES, GIVE WAR OR DAT			ecify:	n, etc.)	Specify: Bkade		
COMPLETED	(Specify only highest grade	completed) Coffege (1-4 or 5+)	16e. DECEDENT'S USI (Give kind of work life. Do NOT use re	done during most of working	16b. KIN	ND OF BUSINESS/INDU	STRY		
BE COA	17. FATHER'S NAME (First, Middle, Last) Spench	mith		18. MOTHER'S	NAME (First, Midg	Me, Maiden Surname)			
TO .	19a. INFORMANT'S NAME (Type/Print) Ellen Made S 20a. METHOD OF DISPOSITION	2	818	ORESS (Street and Number of Ru Wedge wo	od K	City or Town, State, Eip C	() red 2/2 29		
	1 Serial 2 Cremetion 3 Rem-	oval from State cemet	A Semestory of other	ISPOSITION (Name of COM 22. NAME AND ADDRESS OF	3-6-95	20c. LOGATION - CI	ty or Town, State		
	· forting	Chron		March +	-, HW.	abash,	Ave		
	23. PART I. Enter the diseases, or cahock, or heert failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on each s. Pulmonary	thromboe		uch as cardiec	or respiratory street	Approximate interval Between Onset and Death		
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING								
CERTIFICATION	CAUSE (Disease or Injury that initiated eventa reaulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):								
¥∥	PART II. Other algnificent condition	a contributing to deeth but	not resulting in the	ne underlying csuse given		D. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 \(\sqrt{N}\) NO		
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? ACCOUNTS OF DEATH (Check only one)								
YSI	1 VES 2 NO	HOSPITAL: 1 ☐ Impetient 2 ☐ ER/Outpet		THER: Nursing Home 5 - Residence	e 6 Other (Sp	pecify)			
ВУ РН	27. MANNER OF DEATH 1 Naturel 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	M 1 YES 2 NO	28d. DEŞCRII	BE HOW INJURY OCCU	RED		
ETED	3 Suicide 6 Could not be determined	28e, PLACE OF INJURY — building, atc. (Specify	t, factory, offica	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED	2 MEDICAL EXAMINE	CIAN: To the best of my knowled R: On the basis of examination a	ige, death occurred at	the time, data and place, and of my opinion, death occurred at t	lue to the cause(s he time, data and) and manner as stated place, and due to the	couse(s) and menner as stated.		
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER	Pelezer	M	29c. LICENSE N D09990			SIGNED (Month, Day, Year) -2-92		
	30. NAME AND ADDRESS OF PERSON WHO MICHAEL E. PELCZAI	R, M.D ST.	AGNES HO		CATON	AVENUE, 2	1229		
	31. DATE FILED (Month, Dey, Year) MAR 0 5 1992	32. REGISTRAR'S SIGNAT	URE						

Alexander des

1	•	STATE REGISTRAR
Г.		COCOCNITIO NA

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

WILLIE	5. M	ORRIS				2. DATE OF DE MONTH	ATH DAY	92	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 229-28-0903	5. SEX 1 X M 2 F	e. AGE (In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIR (Month, Day, 5-18	Year)	8. BIF	THPLACE (State or Foreign Intry) Va.
9a. FACILITY NAME (If not Institution, give Sinai Hospi RESIDENCE OF DECEDENT			96. CITY, TOWN	OR LOCATI				DUNTY OF	DEATH
10e. STATE 10b. COUN			Y, TOWN OR LOCA	16.					10d. INSIDE CITY
Md . 100. STREET AND NUMBER	В	altimo			У			TYPES 2 NO	
_3510 Hayward		10	r. ZIP CODI	: 1215		1	U.S.	F WHAT COUNTRY?	
11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	FORCES? 1	T EVER IN U.S. ARMED X XYES 2 NO WAR OR DATES A MY	If yes, sp	CENDENT C	F HISPANI	C ORIGIN? (Spec , Puerto Rican, e	cify Yes or No-	- 14, RA	ACE — American Indian, ack, White, etc.
15. DECEDENT'S ED (Specify only highest green Elementary/Secondary (0-12) 9th	OUCATION de completed) College (1-4 or 5 d	(Give kind of	,	ON ost of workin	g		of Business/		vement
	orris			A	nnie		wn		1,
19a. INFORMANT'S NAME (Type/Print) Fannie M.	Morris	19b. MAILING	ADDRESS (Street	and Number	or Rural Ro	ute Number, City	or Town, State,	Zip Code)	nd. 21215
20e. METHOD OF DISPOSITION M. XBuriel 2 Committee 3 Re		20b. PLACE AND DATE	OF DISPOSITION (NA		Ave.		Poc. LOCATION		
4 Donetton 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE I	0 1	Garriso	n Fores	ND ADDRES	S OF FACI	Cem.	Owin	gs M	Mills, Md
abook on boom delling	complications that	causad the death. Do r	not antar tha mo	oda of dyl	ng, such	sa cardiac pr	reapiratory	arreat,	
ahock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	a	causad the death. Do not see on each line. ARDS (OR AS A CONSEQUENCE O	ot antar tha mo	oda of dyl	ng, such	sa cardiac pr	reapiratory	arreat,	Approximate Interval Betw
iMMEDIATE CAUSE (Final disease or condition	a	ARDS	SEPT	oda of dyl	ng, such	sa cardiac pr	reapiratory	arreat,	Approximata Interval Betw
immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUE TO DUE TO DUE TO DUE TO	ARDS OR AS A CONSEQUENCE OF AS A CONSEQUENCE OF OR AS A CONSEQUENCE OR AS A CONSEQUENCE OF OR AS A CONSEQUENCE OF OR AS A CONSEQUENCE OR AS A CONSEQUENCE OF OR AS A CONSEQUENCE OF OR AS A CONSEQUENCE OF OR AS A CONSEQUENCE OF OR AS A CONSEQUENCE OF OR AS A CONSEQUENCE OF OR AS A CONSEQUENCE OF OR AS A CONSEQUENCE OF OR AS A CONSEQUENCE OF OR AS A CONSEQUENCE OF OR AS A CONSEQUENCE OF OR	SEPT	TIC	s to	ea cardiac or	reapiratory	arrest,	Approximate Interval Betw Onset and D
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions in death of the conditions of the conditions of the cause of the conditions of the cause of the c	a. DUE TO b. DUE TO c. DUE TO d. DOB COntributing to	ARDS OR AS A CONSEQUENCE OF CONSEQUE	The state of the s	g cause g	S 17	art I. 24e. W	WAS AN AUTOPS ERFORMED? YES 2 NO	Y 2	Approximate Interval Betw Onset and D Onse
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions and the conditions of t	B. DUE TO DUE	ARDS OR AS A CONSEQUENCE OF CONSEQUE	The property of the property o	g cause g	S 17	art i. 24e. W P I I I I	WAS AN AUTOPS ERFORMED? YES 2 NO NO NO NO NO NO NO NO NO NO	Y 24	Approximate Interval Betwonset and Donset an
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation of the determined of the conditions of t	B. DUE TO SOLUTION TO THE DEED TO THE DEED TO THE DEED TO THE DEED TO THE DEED TO THE DUE TO	ARDS (OR AS A CONSEQUENCE OF SEPS 1 S	The property of the time, date the t	g cause g	Ivan in Postation of the second due to end due to	art I. 24e. W P I O The (Specific City or Town, other cause(s) etc.	AS AN AUTOPS ERFORMED? YES 2 NO NO NO NO NO NO NO NO NO NO	Y 24 CCURED Der or Rura	Approximate Interval Betw Onset and D Onse
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation of the determined of the conditions of t	a. DUE TO b. DUE TO c. DUE TO d. DUE TO d. DUE TO 28e. DATE OF (Month, De Dell'Annie) 28e. PLACE Of building.	ARDS (OR AS A CONSEQUENCE OF SEPS 1 S (OR AS A CONSEQUENCE OF CONS	Phi: F): 28. PL OTHER: OTHER: URY M 1 Vitreet, factory, office on, in my opinion, d	g cause g ACE OF DE TO RE URY AT RKS e end place, eath occurr	Ivan in Postation of the second due to end due to	art i. 24e. W. P. I T. Specific City or Fown, one, date end pla	AS AN AUTOPS ERFORMED? YES 2 NO Street and Numb. Street and Numb. Street and numb. Street and due to	Y 24 CCURED oer or Rura teted.	Approximate Interval Betw Onset and Disconsisted and Disc

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician 2.4 completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit to fill within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to but an emonal, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

LEWIS STEEL SHITLE

1 OF	PHYSI	this ca	E AG	urked,
SION	ENDING	DR: After	her death	11 11 11
DIVIS	OR AT	DIRECT	nours at	tem 2
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4	日本	\$	ξ	PREE
	6	-	~	#

STATE OF MARYLAND	/ DEPARTMENT	OF HEALTH	AND MENTAL	HYGIENE
	CERTIFICATE	OF DEAT	ГН	REG. NO

	1 - STATE REGISTRAR	STATE OF MARYLA		ENT OF HEALI		NTAL HYGIEN		2 00210
İ	1. DECEDENT'S NAME (First, Middle, Last)	MARTIN				DATE OF DEATH	* d	S. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		yrs. leat birthday) #F t	INDER 1 YEAR FUN	DER 24 HRS. 7.	DATE OF BIRTH	22 - 21	BIRTHPLACE (State or Foreign
	220-09-4818	1 D M 2 MEF 17	YRS. MON		rs mm.	22112	44-41	Baltimo E
OR	9a. FACILITY NAME (If not institution, give	street and number)	9b.	Balti	ATION OF DEATH	1	9c. COUNTY	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	TY T	10c. CITY. TO	WN OR LOCATION				10d. INSIDE CITY
DiR	MD	N/A		imore				LIMITS?
FUNERAL	100. STREET AND NUMBER	Ave	DI FEY	10f. ZIP C	00E	16		OF WHAT COUNTRY?
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U	J.S. ABMED	13. WAS DECENDEN				U a S . A a RACE — American Indian, Black, White, etc.
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATE		1 TYES 2	uban, Mexican, Pr NO Specify:	verto Rican, etc.)		Specify: White
9	15. DECEDENT'S EDU (Specify only highest grad		6a. DECEDENT'S USU	AL OCCUPATION lone during most of wo	orkina	16b. KINO OF BU	ISINESS/INDUS	
LETI	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use reti	red.)			~ 1 0	
COMPL	17. FATHER'S NAME (First, Middle, Last)	N/A A	ssembly I			Crown,		Seal Co.
BE C	Bernard S. Th	ompson			Leo		kins	
10 B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	RESS (Street and Num				de)
F	Robert L. Martin		377 Gree	enspring	Rd H	anover,	Pa. 17	331
	20a. METHOD OF DISPOSITION 1.10 Burial 2 Cremation 3 Ren 4 Denation 5 Other (Specify)	noval from State cemete	LACE AND DATE OF DIS ery, cremetory or other postern Stern Ceme	lace)	rch 5.		7.117.	or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LI		7 00211	22. NAME AND ADD	RESS OF FACILIT	γ		0, 110.
	G. Truman S	chwah				k Avenue . 21229	•	
	23. PART i. Enter the diseases, or		he death. Do not e	nter the mode of	dying, such as	cardiac or reep	iratory arreal	
	IMMEDIATE CAUSE (Finel	·		. \				Interval Between Onset and Death
	disease or condition resulting in death)	. Pulmona DUE TO (OR AS A C	ry (En	10h 7	EDEN)A		
-		CHE	ONSEQUENCIS OF):	,				
2	Sequentially list conditions, if any, leading to immediate	OUE TO (OR AS A C						
2	CAUSE (Disease or injury	· CHEONI		AL FA	4 600-6	/		
CERTIFICATION	thet initieted events resulting in deeth) LAST	DUE TO (OR AS A C	UTENS	ת א /				i
CE		d.						
AL	PART II Other eignificant condition		not reaulting in th	e underlying ceus	e given in Pari	1. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
MEDIC	HOLLIC A	neuvyla				1 TYES 2	NO I	COMPLETION OF CAUSE OF DEATH?
×								1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	Γ		28 PLACE OF	F DEATH (Check o	nh: ann)		
SICI	EXAMINER?	HOSPITAL:		HER: Nursing Home 5 [
궂	27. MAJUNER OF DEATH	28a. DATE OF INJURY (Morth, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT		I. DESCRIBE HOW	INJURY OCCUR	ED
ВУЯ	1 Natural 5 Pending 2 Accident Investigation	(Moral, Say, 1941)		M 1 YES 2	2 🗆 NO			
	3 Suicide a Could not be 4 Homicide determined	28a. PLACE OF INJURY — building, etc. (Specify)	At home, farm, street,	factory, office	261	City or Town, State)	and Number or i	Rural Route Number,
COMPLETED		SICIAN: To the best of my knowled						ause(a) and manner as stated.
	205. SIGNATURE AND TITLE OF CERTIFIE				ICENSE NUMBER			GNED (Month, Day, Year)
O BE	blutombo M	ploukoulk	MD	1	LEGIO		> 3	12/92
1	30. NAME AND ADDRESS OF PERSON WH	HO COMPLETED CAUSE OF DEATH	H (ITEM 27) (Type, Print,	AUNES	1+031	PITAL		
	31. DATE FILED (Month, Day, Year)	PZ. REGISTRAB'S SIGNATU						
	MAR 0 5 1992	Juna vaulason-1	1					

Approximate Interval Between Onset and Death

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

7:30 8. BIRTHPLACE (State or Foreign Country) NORTH CAROLINA

FOR STATE

	REGISTRAR		CERTIF	ICALE OF	DEATH	REG. NO).	
	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF DEATH		3. TIME OF DEATH
	MARGIE SC	OTT NELSON				монтн в 3		EAR
	4. SOCIAL SECURITY NUMBER		In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN		
	240-14-9089	1 - THATE		MONTHS DAYS	HOURS MIN.	(Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
	9a. FACILITY NAME (If not institution, give s	1 1 85) '''.			8-12-06	N	ORTH CAROLIN
œ	SE. PACILITY NAME (II not institution, give s	street and number)		9b. CITY, TOWN O	OR LOCATION OF I	DEATH	9c. COUNTY	OF DEATH
0	6 GILMORE ST.			GLEN B	URNIE		ANNE	ARUNDEL
S	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT	~						
DIRECTOR			10c. CI1	Y, TOWN OR LOCAT	TION			10d. INSIDE CITY LIMITS?
		E ARUNDEL	GL	EN BURNI	E			1 TYES 2 NO
FUNERAL	10e. STREET AND NUMBER			101	. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
Ė	6 GILMORE ST.			2	1061		U.S.	Α
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DEC	ENDENT OF NISPA	NIC ORIGIN? (Specify Yes		RACE — American Indian
BY	1 Never Married 2 X Married	FORCES? 1 YES		If yes, sp	ecify Cuban, Maxic	ean, Puerto Rican, etc.) //y:		Black, White, stc.
	3 Widowed 4 Divorced	201-101-101-101-101-101-101-101-101-101-			Z IZ NO Spec	ay.		Specify: WHITE
3	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. DECEDENT'S	USUAL OCCUPATION	ON	16b. KIND OF BU	SINESS/INDUST	
EIED	Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during mo se retired.)	st of working			
7	12	2	DETATI	CATEC (DET \	DEDADOM	DMD OD	ODE
COMPL	17. FATHER'S NAME (First, Middle, Last)	4	KEIKIL	SALES (DEPARTM		UKE
						AME (First, Middle, Malden	Surname)	
8 E	MAJOR SCOTT 19a. INFORMANT'S NAME (Type/Print)				HATTIE			
2			19b. MAILING	ADDRESS (Street a	nd Number or Rural	Route Number, City or Tow	n, State, Zip Co	de)
	JAMES R. NELSON		6 GI	LMORE ST	. GLEN B	URNIE, MD	21061	
	20a. METNOD OF DISPOSITION 1 N Burial 2 Cremation 3 Ram		PLACE AND DATE	OF DISPOSITION (Na				or Town, Stata
	4 Donation 5 Other (Specify)		ARY LAND	ther plece) VETERANS	S CEMETE	RY 3-5-92	CROUN	SVILLE, MD
	21. SIGNATURE OF FUNERAL BERVICE ID	EMPL			D ADDRESS OF F		CROWN	SVILLE, FID
	1) 1	He				NERAL HOME		
	J LY IVS	7700		1 SEC	COND AVE	. S.W. GLE	N BURN	IE, MD 21061
	23. PART I. Enter the diseases, or o	complications that ceused List only one ceuse on as	tha deeth. Do r	not enter the mo	da of dying, su	ch as cerdiac or respi	iratory arrest	
	IMMEDIATE CAUSE (Final	List only one ceuse on as	ICH line.		· 1			Interval Betwee
	disease or condition	Romas	elan.	1 las	Vin	1		Onset and De
d	resulting in death)	a. DUE TO (OR AS A	CONSEQUENCE OF	1. 7		1		
.	_	Alan la	dial		Ling	110		ì
ó	Sequentially list conditions,	DUE TO (OR AS A	CONCEDIENCE	4	Acmo!			
E	If any, leading to immediate cause. Entar UNDERLYING	000 10 (011 25 2	n /	/	01-			
윤미	CAUSE (Diseese or Injury	C. OUE TO (OR AS A	DISEOUTIVE OF	reas	-			
CERTIFICATION	thet initieted events resulting in death) LAST	(DAA	CONSEGUENCE OF	-):				
		d. (UP)	•					
	PART II. Other significent condition	a contributing to deeth bu	t not resulting i	in the underlying	Cause given in	Part I. 24a. WAS AN	AUTODOV	Ash WEDE AUTOROUS CONTRACTOR
EDICAL				arrawityiiig	and Alson III	PERFOR		24b. WERE AUTOPSY FINDIN AVAILABLE PRIOR TO
<u> </u>						1 YES 2	□ NO	COMPLETION OF CAUSE OF DEATH?
Σ						_=		1 TYES 2 NO
ż							1	
HYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PL	ACE OF DEATH (C)	neck only one)		
7	1 TES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpa	tient 3 DOA	OTHER:	5 Paeldanas	8 Other (Specify)		
	27. MANNER OF DEATH	28a. DATE OF INJURY	28b, TIM			28d. DESCRIBE HOW II	A ILION OCCUPI	ED.
- I	1 Natural 5 Pending	(Month, Day, Year)	INJ	URY WOI	RK?	ava. DESCRIBE NOW II	NOON! OCCOM	
ā	2 Accident Investigation	25 DI ACE OF IN HIPV			ES 2 NO			
3	3 Suicida 8 Could not be 4 Nomicide detarmined	26s. PLACE OF INJURY - building, atc. (Specif	— At home, farm, s y)	dreet, factory, offica	1	28f. LOCATION (Street a City or Town, State)	and Number or R	lural Floute Number,
_ 11	29a. CERTIFIER (Check only) 1 CERTIFYING PHYSIC	CIAN: To the best of my knowle	dge, daeth occurre	d at the time, data	and place, and due	to the cause(a) and man	hateta as rem	
L C	one) 2 MEDICAL EXAMINE	R: On the basis of examination	and/or investigation	n, in my opinion, de	with occured at the	time, data and place and	d due to the co	use(s) and manner as stated
)	29b. SIGNATURE AND TITLE OF CERTIFIER							
	C A CENTIFIER	dia			29c. LICENSE NUI		29d. DATE SIG	GNED (Month Day, Year)
2	MARA	DOY!			7305	0 1	- 3	476.
	30. NAME AND AGORESS OF PERSON WHO	O COMPLETED CAUSE OF DEAT	TH //TEM 27) /5mg	Orienti				

32. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

31. DATE FILED (MONTH), Day, Year)
MAR 05 1992

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OR	that
VITAL RECORDS, P.O. BOX 68760,	1. The law requires that the death certificate he executed within 24
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5	NAL.
DIVISION OF	THE ATTENDING PHYSICIAN
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, 2. DATE OF DEATH 3. TIME OF DEATH re YEAR Stella J.Keefe 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign (Month, Day, Year) 4/20/1905 1 M 2 F DAYS 217-26-1718 86 YRS. Maryland permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Harbor Hospital Center Balto.City, Md. RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION Balto.City, Md. 10b. COUNTY 10d. INSIDE CITY LIMITS? Maryland 125 E.Barney St. XXYES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 125 E.Barney St. the burial-transit 21230 USA retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuben, Maxican, Puerto Rican, atc.)
1 YES 2 NO Specify: BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married BY XX Widowed 4 Divorced White ETED use as 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) ğ Elementary/Secondary (0-12) College (1-4 or 5+) 6th.Grade page 5 should be detached Homemaker Own Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Ħ John Smith Lillie notified Goodrich 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mr.George L.Keefe, Jr. 4108 6th.St. after death. Page 6 may be Balto.Md. 21225 examiner must be 20e. METHOD OF DISPOSITION
1 Debuts 2 Cremetton 3 Removal from State
4 Donatton 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION -- City or Town, State filled in by the funeral director, j on, or removal. Glen Haven Memorial Pk.3/1/ Glen Burnie, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Balto.Md. 21230 Vanie McCully Funeral Home, 130 E. Fort Ave medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, **Approximate** shock, or heart fellure. Liet only one ceuse on each line. interval Between IMMEDIATE CAUSE (Finel the Onset and Death cremation, Celeuli and completely fi to burial, cremation disease or condition resulting in death) other traumatic event, OUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) been signed by the attending physician and the other of Health and Mental Hygiene prior to to if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 shows any injury, PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 - YES 2 - NO OF DEATH? 1 YES 2 NO has be Dept. (PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL r this certificate ha Item 26. PLACE OF DEATH (Check only one) HOSPITAL OTHER: 1 YES 2 ZHO 1 | Inpatient 2 | ER/Outpetient 3 17 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 6 27. MANNER OF OEATH 28a. OATE OF INJURY 28c. INJURY AT marked. 28d, DESCRIBE HOW INJURY OCCURED 1 & Natural DIRECTOR: After the 1 YES 2 NO BY 2 Accident 65 3 Sulcide 28a. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED ours after 28 4 Homicide Item 29e. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of sxamination and/or investigation, in my opinion ith occured at the time, date and place, and due to the cause(s) and manner so stated. 296. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 1 tec 9-2- (1284 2 WHO COMPLETED CAUSE OF DEATH (ITEM, 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

wie Davidson

MAR 05 1992

DHMH-16 Rev 1/89

BALTIMORE.

hours after death. filled in by the filon, or removal. HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 cremation, the completely traumatic event, Hygiene prior to burial, and attending physician or other After this certificate has been signed by the atter death with the State Dept. of Health and Mental s marked, or item 23 shows any injury, or TO THE HOSPITAL OR ATTENDIN TO THE FUNERAL DIRECTOR: At be filed within 72 hours after de .00 item 28 MPORTANT: If

1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH M 2. DATE OF DEATH MONTH PHIL LIPS JAMES YEAR 92 2 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTN 7-12-34 247-54-5908 1 X M 2 - F 57 YRS. HOURS MIN. s.c. 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN DIRECTOR JOHN DEATON NURSING HOME BALTIMORE RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD BALTIMORE 1 KIXES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 21213 10g. CITIZEN OF WHAT COUNTRY? 2005 SINCLAIR LANE U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black. White, etc. 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puarto Ri BY 1 - YES 2 X XO Specify: 3 🔀 Widowed 4 🗌 Divorced BLACK COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade co Elementary/Secondary (0-12) College (1-4 or 5+) 12th 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)
MARY HARRIS JAMES PHILLIPS, SR. notified at BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Nu Number, City or Tov BURTONSVILLE, MD 2 MARY JAMES 13508 GREEN CASTLE 20866 9 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of must OATE 20c. LOCATION -- City or Town, State Burial 2 Cremation 3 Removel from State CATONSVILLE, MD WESTERN STAR CEMETERY examiner E OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM.C.MARCH F.H./1101 E. NORTH AVE. medicai the diseases, or co plications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory erreat, shock, or heart fellure. List only one ceuse on each line. interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition montes resulting in death) DUE TO (OR AS A CONSEQUENCE OF) cub CERTIFICATION Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury OUE TO (OR AS A CONSEQUEN thet initieted eventa reaulting in death) LAST PART II. Other eignificent conditions contributing to deeth but not recuiting in the underlying cause given in Pert I. PHYSICIAN: MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AWAIL ABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? 1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) OTHER: 1 YES 2 Inpetient 2 - ER/Outpetient 3 - DOA ne 5 🗆 Rasidence 6 🗀 Other (Specify) 27. MANNER OF DEATH

1 Netural 5
2 Accident 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 5 Pending investigation BY 1 YES 2 NO 26s. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 3 Suicide COMPLETED 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 Homicide CERTIFIER (Check only one)

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and mar 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNEO (Month, Day, Year)

2-2-6-72 BE 29c. LICENSE NUMBER 8 2 30. NAME AND ADDRESS OF 31. DATE FILED (Month, Day Year)

to the state of the state of

THE THE SHIP SHIP

3. TIME OF DEATH

Black

Md.

Ave

Interval Between Onset and Death

Approximate

2/9/

AVAILABLE PRIOR TO

1 YES 2 NO

OF DEATH?

COMPLETION OF CAUSE

6:30 Pm

Z48

Hardy P.

44 1898

9e. FACILITY NAME (If not institution, give street end number)

4. SOCIAL SECURITY NUMBER

age

5. SEX

1 M 2 - F

IF UNDER 1 YEAR

DAYS

IF UNDER 24 HRS.

9b. CITY, TOWN OR LOCATION OF DEATH

BALTIMORE

6. AGE (In yrs. last birthday)

YRS 66

6. BIRTHPLACE (State or Foreign

9Z

9c. COUNTY OF DEATH

2. DATE OF DEATH

7. DATE OF BIRTH
(Month, Day, Year)

1-5-26

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	1	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per	-
	VSICIAN: The law requires that the death certificate be executed within 25 Luis after death. Page 6 may be retained by the hospital or attending physician.	ial-trans	
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F VITAL RECORDS, P.O. BOX 13146,	The law	te has	the State Deer of Health and Mental Hydiene prior to burial, cremation, or removal.
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DIRECTOR Loch Raven VA Medical Center 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10e. STATE 10d. INSIDE CITY LIMITS? MD Baltimore TYPES 2 NO 10e. STREET AND NUMBER 10t. ZIP COOF 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 1746 E. Oliver Street U.S.A 21213 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indien, Black, White, atc. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES 2 NO If yes, specify Cuben, Maxicen, Puerto Ricen, etc.)

1 YES 2 YO Specify: Never Merried 2 Married Specify: BY 3 Widowed 4 Divorced Navy COMPLETED 16e. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S FOUCATION 18h KIND OF BUSINESS/INDUSTRY (Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade comp Elementary/Secondary (0-12) 7th College (1-4 or 5 +) Unemployed once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Surneme) Herman Page notified at Pauline McKev BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Ruth Jones 1746 E. Oliver St./Baltimore, Md be 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c, LOCATION - City or Town, State must Baltimore Cemetery Baltimore, 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY examiner Wm.C. March F/H 1101 E. North medical 23. PART Lafter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final event, the Tumor Burden disease or condition_ Overwhelming resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Gastric Carcinoma 23 shows any injury, or other traumatic PHYSICIAN: MEDICAL CERTIFICATION Sequantially list conditions, OUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMEO? HIDDM 1 - YES 2 NO CHF CVA 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) The The HOSPITAL: OTHER: 1 YES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) marked, or 27, MANNER OF DEATH 28a, DATE OF INJURY 28b. TIME OF 26c. INJURY AT WORK? 28d DESCRIBE HOW INJURY OCCURED HE FUNERAL DIRECTOR: After this c of within 72 hours after death with : MUURY Intural 5 Pending 1 YES 2 NO BY Accident Investigation 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 26e. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify) 3 Sulcide -00 9 8 Could not be 4 Homicide Item 28 determined COMPLET 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end menner ee stated. (Check only one) IMPORTANT: 16 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occured at the time, date and place, end due to the ceuse(e) end menner ee stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 296. SIGNATURE AND TITLE OF CERTIFIER BE Univ. of MD Medicine 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Green St. Baltimore M.D. ZZ 5. VENNOS REGISTRAR'S SIGNATURE

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Anthony Pavilonis 4. SOCIAL SECURITY NUMBER 5. SEX 201-03-6446 1	Elementary/Secondary (0-12)			1	ectrical)		BC.	c E		
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Anthony Pavilonis A. SOCIAL SECURITY NUMBER S. SEX 201-03-6446 S. SEX 201-03-6446 S. SEX 3. SEX 4. AGE (In yrs. last birthday) 77 YRS. S. MONTHS MONTHS MONTHS MONTHS MONTHS MIN. AUG. 30 1914 Pennsylvanis 9a. FACILITY NAME (II not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 2112 Forest Ridge Rd. Timonium Baltimore 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION MARYLAND 10c. CITY, TOWN OR LOCATION Timonium 10d. INSIDE CITY LIMITS? 1 1 YES 2 LAN 1 YES 2 LAN					101. ZIP CODE			10g. CITIZEI	OF WHAT	COUNTRY?
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	A SOCIAL SECURITY NUMBER	5 SEX 6 AG				7 DATE	DE BUETU			CE (State or Enmis
A PROPERTIES NAME (Flow All discount)			Га	VIIOHIS						

30. NAME AND DRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

John C. **Downs** M.D 7505 Osler Dr., Suite 504, Towson,

31. DATE FICED (Month, Day, Year)
MAR 05 32. REGISTRAR'S SIGNATURE

DHMH-16 Rev 1/89

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTA	HYGIENE	9	۷ (10282	-
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE	OF DEATH		3. EAR	TIME OF DEATH	
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		100	UNDER 1 YEAR	IF UNDER 24 HRS.	(Month	OF BIRTH	8.	BIRTHPLA Country)	VCE (State or Foreign	,
216-50-0720 Sa. FACILITY NAME (If not institution, give stre	1 M 2 KF	34 YRS.	OUTEN TOUGH			6-58			/LAND	
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Johns Hopkins	Hospital			imore	City					
MARYLAND 106. COUNTY		1212 800 1	OWN OR LOCA	12.224					d. INSIDE CITY LIMITS?	
10e. STREET AND NUMBER		BAL	TIMOR	1. ZIP CODE		· · ·	44 - 0/7/7/7		YES 2 NO	
309 S. COLLINGT	ON AVENUE		1	21231		1	10g. CITIZEN		COUNTRY?	
	12. WAS DECEDENT EVER II	N U.S. ARMED	13. WAS DEC	CENDENT OF HISPA	NIC ORIGIN	7 (Specify Yes		RACE -	American Indian,	\dashv
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES			ecify Cuban, Mexico 3 2 NO Speci		ticen, etc.)		Specify: WHI		
15. DECEDENT'S EDUCA	TION	16a, DECEDENT'S US	UAL OCCUPATI	ON	16b.	KIND OF BUSI	NESS/INDUS		I E	-
(Specify only highest grade or Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use re	cone guring mo tired.)	ost of working						
		CLERK		,		ASIC		ER		
17. FATHER'S NAME (First, Middle, Last) EDMUND KOCHANS	VΤ			18. MOTHER'S NA			umame)			
EDMUND KOCHANS	V T	40h MAN MO +0	DBESS (O-	CLAR		ISHER	0.1.	7.71		_
MRS. ROSE KOCHA	NSKT			E STREE					I AND 3	120
20q., METHOD OF DISPOSITION	206	PLACE AND DATE OF D	ISPOSITION (N	ame of	DATE	20c, LOC	ATION - CITY	or Town.	State	174,
1 Neurial 2 Cremation 3 Remov	S S	STANIS	SLAUS	CEMETE	RY 3	- 4 B	ALTO.	. MD	•	
21. SIGNATURE OF PLINERAL SERVICE LICES	NSEE A		22. NAME A	ND ADDRESS OF FA	CILITY					
C Kaymon	d Hesse	nudu	BALT	DROWSKI IMORE.	F UN M A R V	LAND	HUME 2122/	252	5 FLEE	151
23. PART I. Enter the diseases, or co shock, or heart failure. Li	mplications that pause	the deeth. Do not	enter the mo	da of dying, suc	h ea card	llec or reapin	itory arreat	,	Approximata	\neg
IMMEDIATE CAUSE (Final disease or condition resulting in death)	Mu	Meple	Ing	uries	2				Interval Batwo	
	DUE TO TOR AS A	CONSEQUENCE OF	0							
Sequentially list conditions,	DUE TO (OR AS A	CONSEQUENCE OF:						_		-
if any, leading to immediate cause. Enter UNDERLYING										
CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):								\dashv
resulting in death) LAST										
PART II. Other algolificant conditions	contributing to deeth b	out not regulting in ti	he underlyin	a cause given in	Part I.	24a. WAS AN A	LITOPSY	24h WF	RE AUTOPSY FINDIN	ing.
						PERFORM	EO?	AWA	ILABLE PRIOR TO MPLETION OF CAUSE	
					_ /	September 1	_ NO		DEATH?	
								1	123 2 10	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	1		ACE OF OEATH (Ch	eck only on	e)				
1 NO YES 2 □ NO	☐ Inpetient 2 X ER/Outp		THER: Nursing Hom	ne 5 🗆 Residence	6 🗆 Other	r (Specify)				
27. MANNER OF DEATH 1 Netural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	28b, TIME OF	WC	PK?	90	CRIBE HOW IN			0/1	
2 Accident Investigation	2-29-92	1:02/		AA		sange			o/Auto	
Suicide 6 Could not be datermined	28e. PLACE OF INJURY building, atc. (Spec	_		•	City	ATION (Street an or Town, State)				
an ormises		Street				ette a		lin	gton St	S
(Check only 1 CERTIFYING PHYSICIA	AN: To the best of my know On the basis of examination								4	. 1
2 MEDICAL EXAMINER:	A STATE OF S		i my upinion, c							
A STATE OF THE STA	1 pro			29c. LICENSE NUI		- 1	.		onth, Day, Year)	
MAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE OF OE	ATH (ITEM 27) (Type, Prir	78)	0.C.1	И.Е.		2-	29-	9.2	_
FRANK J. A.	ENETII			n a b	.1.4.5		Mess	1	1 2120	, [
31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE Pen		eet, Ba	HITT:	more,	Mary	lan	d 2120	4
MAR 5	1992 4	hie Devidson	Rendelle.							

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

	REGISTRAR							
	1. DECEDENT'S NAME (First, Middle, Last)	o Chuahaal				2. DATE OF DE	DAY	3. TIME OF DEATH
	Louisa Catherin			hday) IF UNDER 1 YEA	R IF UNDER 24 HRS.	Feb.	25 1992	BIRTHPLACE (State or Fore
	214-18-3647	1 🗆 M 2 💢 F	AGE (In yrs. lest birth	RS. MONTHS DAY	B HOURS MIN.	July 3	1 1909	Maryland
CŢOR	98. FACILITY NAME (If not institution, give s 8920 Waltham Wo				N OR LOCATION OF E	DEATH		y of DEATH timore
ш	10e. STATE 10b. COUNT	Υ	10-	c. CITY, TOWN OR LO	CATION			10d. INSIDE CITY
L DIR	Maryland Balt	imore		Parkvill	E 101, ZIP CODE		10a CITI7E	LIMITS? 1 YES 2 YES N OF WHAT COUNTRY?
FUNERAL	8920 Waltham Woo				21234		U	SA
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 NO	If yes,	DECENDENT OF HISP/ appecify Cuben, Maxic (ES 2 X NO Spec	an, Puarto Rican,	atc.)	4. FIACE — American Indian Black, White, etc. Specify: White
LETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(Give kil	ENT'S USUAL OCCUP. Ind of work done during NOT use retired.)	most of working		OF BUSINESS/INDUS	STRY
COMPL	12		Sales	Supervi	sor - Buy		echt Co.	
- 1	17. FATHER'S NAME (First, Middle, Lest) Joseph Carroll M	litchell				AME (First, Middle,		
H	19e. INFORMANT'S NAME (Type/Print)	ittenen	19h M4	III ING ADDRESS (Stre	et and Number or Rura	Maggie		Pardel
임	Virginia Schollia	n	11111-1111	Service devices the services	re Road,			
	200, METHOD OF DISPOSITION				ON (Name 2/27			
	1 Donation 5 Other State	noval from State						um, Md. 21
1	21-SIGNATORS OF FURNAL SERVICE LA	CENSEE /)	22 NAM	AND ADDRESS OF E	ACHITY		GIII, MIG. 21
1	1000	entone		Le	mmon-Mit			
N	Lowell MS	emmon		10 V	V Padoni	a Rd	Timonium	MA 2100
	23. PART I. Enter the disasses, or shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition	complications that c	on each line.	Do not enter the	moda of dyling, su	ch ss cardisc o	or respiratory arres	at, Approximat
RTIFICATION	23. PART I. Enter the disasses, or shock, or heart failure. IMMEDIATE CAUSE (Finel	a. Cerclost DUE TO (OF DUE TO (OF C. Circes)	on each line.	Do not enter the sulfar ac NCE OF:		ch ss cardisc o	or respiratory arres	at, Approximat
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ED BY PHYSICIAN: MEDICAL CERTIFI	23. PART I. Enter the disasses, or shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in dasth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 D NO 27. MANNIR OF DEATH 1 Natural 6 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only)	a	TRANSPORT TO THE TOTAL OF THE T	Do not enter the Color of the C	S. PLACE OF DEATH (C. NOME 5 PRESIdence NONK? YES 2 NO office	n Part I. 24a. 1 Check only one) 28d. DESCRIB	WAS AN AUTOPSY PERFORMED? YES 2 NO City) E HOW INJURY OCCU. (Street and Number of m., State)	24b. WERE AUTOPSY FIN AMAILABLE PRIOR TO COMPLETION OF CO OF DEATH? 1 YES 2 N
COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	23. PART I. Enter the disasses, or shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in dasth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 D NO 27. MANNIR OF DEATH 1 Natural 6 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only)	a. DUE TO (OF DUE TO (TRANSPORT TO THE TOTAL OF THE T	Do not enter the Color of the C	ying cause given in the state and place, and determined the state and d	Deck only one) 6 Other (Spe 28d. DESCRIBI	WAS AN AUTOPSY PERFORMED? YES 2 NO City) If (Street and Number of State) and manner as state- place, and due to the 29d. DATE	Approximatinterval Bet Onset and Ons
BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	23. PART I. Enter the disasses, or shock, or haart failure. IMMEDIATE CAUSE (Finel disease or condition reaulting in dasth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initisted events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 6 Pending investigation 3 Suicide 6 Could not be determined 290. CERTIFIER (Check only one) 2 MEDICAL EXAMINER.	a. DUE TO (OF DUE TO (ER/Outpettent 3 INJURY - A1 home, c. (Specify)	Do not enter the Callact accorded of: Allact accorded of: All	ying cause given in the state of DEATH (Chart WORK? YES 2 NO office on, death occurred at 18	Deck only one) 6 Other (Spe 28d. DESCRIBI	WAS AN AUTOPSY PERFORMED? YES 2 NO City) If (Street and Number of State) and manner as state- place, and due to the 29d. DATE	24b. WERE AUTOPSY FIN AMAILABLE PRIOR TO COMPLETION OF CA OF DEATH? 1 YES 2 No. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	23. PART I. Enter the disasses, or shock, or haart failure. IMMEDIATE CAUSE (Finel disease or condition reaulting in dasth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 6 Pending investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	a. DUE TO (OF DUE TO (ER/Outpettent 3 INJURY - A1 home, c. (Specify)	Do not enter the CALLAN AC NCE OF): NCE OF)	wing cause given in the second of dying, and the second of	Check only one) 24a. Check only one) 25 Other (Special Describer Towns one) 261. LOCATION City or Towns one to the cause(e) the time, deta and pumber of the cause(e).	WAS AN AUTOPSY PERFORMED? VES 2 NO City) E HOW INJURY OCCU. (Street and Number of m., State) and manner as state- place, and due to the	Approximatinterval Bet Onset and Ons

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THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed with the death, after death, Page 6 may be retained by the hospital or attending physician.	I THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should fill the state death with the State Dect. of Health and Mental Horiene prior to burial, commation, or removal	PORTANT If Item 28 is marked on Item 23 shows any injury or other traumatic event the medical examiner must be notified at once
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92 06284 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 02 THOMAS 03 WILLARD SHIVES 10:27 PM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BURTH B. BIRTHPLACE (State or Foreign (Morth, Day, Year) 08-17-1909 HOURS DAYS MIN. 1 M 2 | F MARYLAND YRS 723-16-4289 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR NORTH ARUNDEL HOSPITAL ASSOCIATION GLEN BURNIE A.A. COUNTY RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND ANNE ARUNDEL MILLERSVILLE 1 TES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1075 CECIL AVE. 21108 U.S.A. 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, Whita, etc. If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES Specify: BY 3 Widowed 4 Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18e. OECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY entary/Secondary (0-12) College (1-4 or 5+) STATE OF MARYLAND NONE CIVIL ENGINEER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) EUGENE W. SHIVES EDITH JACOB BE 19a. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 DOROTHY M. SHIVES 1075 CECIL AVE. MILLERSVILLE, MD 21108 20s. METHOD OF DISPOSITION
1 ☑ Surfat 2 ☐ Cremation 3 ☐ Removal from State
4 ☐ Donation 6 ☐ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, Stata GLEN HAVEN MEMORIAL PARK 3-6GLEN BURNIE, MD 21. SIGNATURE OF FUNERAL SERVICE LICEN 22. NAME AND ADDRESS OF FACILITY SINGLETON FUNERAL HOME SECOND AVE. S.W. GLEN BURNIE, MD 21061 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. Approximate IMMEDIATE CAUSE (Final **Onset and Death** disease or condition_ ESPERATORY resulting in death) DUE TO (OR AS A CONSEQUENCE OF NEU HENTIS CERTIFICATION Sequantisliy list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING 4LMONARY 0214 CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST nuctus PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 M NO OF DEATH? Corrangy 1 | YES 2 | NO PAROXYSHIC PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) EXAMINER? HOSPITAL: OTHER: 1 YES 2 1 NO Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 26d. OESCRIBE HOW INJURY OCCURED 1 P Netural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, term, streat, factory, office building, etc. (Specify) 3 Suicide 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE



2

DAVID ROSE, M.D./200 HOSPITAL DRIVE, #500/GLEN BURNIE, MARYLAND 21061 32. REGISTRAR'S SIGNATURE

31. DATE FILED (Month, Day, Year)
MAR 05 1992

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

grand---

DHMH-16 Rev 1/89

THERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. INCEPTAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND / [DEPARTMENT OF RTIFICATE O	HEALTH AND F DEATH	MENTAL HYGIE				
	1. DECEOENT'S NAME (First, Middle, Lest) RICHARD 4. SOCIAL SECURITY NUMBER 212-09-9675	5. SEX 6. AGE (In yrs. lest to 77	STI		7. DATE OF BIRTH (Month, Day, Year)	9 97	3. TIME OF DEATH BIRTHPLACE (State or Foreign		
FUNERAL DIRECTOR				4/21/1914			Maryland COUNTY OF DEATH NA		
	Maryland Anne Arundel Bal			town or Location Itimore (Brooklyn Park)			10d. INSIDE CITY LIMITS? 1 YES 2XX NO		
	335 West Arden Road,			21225			g. CITIZEN OF WHAT COUNTRY?		
BY	11. MARITAL STATUS 1 Never Married 2XX Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES WW 2 Navy			13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 YES 2X NO Specify:			RACE — American Indian, Black, White, etc. Specify. White		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (One kind of work done during most of working life. Do NOT use retired.) 11th Grade 16b. KIND OF BUSINESS/INOUSTRY (One kind of work done during most of working life. Do NOT use retired.) Retired Electro-type Finisher McCall Printing Co.								
BE CO	17. FATHER'S NAME (First, Middle, Lost) Richard Archie Stickels			18. MOTHER'S NAME (First, Middle, Melden Surname) Ollie Mae Nossett Stickels					
5	Mrs. Gilva Marie	Stickels 3	MAILING ADDRESS (Stree 35 W. Arde	n Rd., Ba	ltimore, M	1d. 212	25		
	20s. METHOD OF DISPOSITION 1 XI Burdal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of completely, cremation and veteran's Cemetery 3/4/92 Crownsville, Md. 21. BICHATURE OF FURERAL SERVICE LICENSEE Kevin E. Ecker 22. NAME AND ADDRESS OF FAILTY MCC-11 A. Fundad And Address of Proceedings of Proceedings MCC-11 A. Fundad And Address of Proceeding								
	100		237	E. Pataps	ral Home of	Balto	Md. 21225		
Z	23. PART I. Anier the diseases, or of an ock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	pomplications that caused the death. List only one cause on each line. The start of the start	4 .		CAN CE		Approximate interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
PHYSICIAN: MEDICAL	PART II. Other aignificent conditions contributing to death but not resulting in t			ng ceuse given in	Part I. 24a. WAS AF PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 X Inpetient 2 - ER/Outpatient 3 -	OTHER:	26. PLACE OF DEATH (Check only one) THER: Nursing Home 5 Sesidence 6 Other (Specify)					
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 28c. III	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURE	ED		
	3 Suicide 6 Could not be determined 6 Could not be building, atc. (Specify) 286. PLACE OF INJURY — At home, ferm, street, factory, office City or Town, State) 287. LOCATION (Street and Number or Rural Route Number, City or Town, State)						ural Route Number,		
COMPLET	29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.								
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER					29d. DATE SIG	NED (Month, Day, Year)		
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (ITEM 2	TGNOV	er st	BALT	IM OR	e mo/		
	MAR 05 1992	32. REGISTHAR'S SIGNATURE	02		1		-122		

OHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

The reserved within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

The reserved within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

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_	1 - STATE REGISTRAR	STATE OF MARYLAN		MENT OF HEALTH AN	D MENTAL HYGIEN		00200	
	1. DECEDENT'S NAME (First, Middle, Last)	E ST	TIFF	LER	2. DATE OF DEATH MONTH	AY 9 ZEAR	3. TIME OF OEATH 4:35A	
	4. SOCIAL SECURITY NUMBER 214-20-0145 90. FACILITY NAME (If not institution, give	1 - M 2 1 8 5	YRS.	F UNDER 1 YEAR IF UNDER 24 HE INTHE DAYS HOURS MH	(Month, Day, Year) 11-23-0	OG Ma	aryland	
TOR	Harbor Hosp			Balt	imore	9c. COUNTY OF	DEATH	
DIRECTOR		e Arundel	10c. CITY, 1	Pasaden:	a		10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	100. STREET AND NUMBER 609 A Street			101. ZIP CODE 21122		10g. CITIZEN OF	WHAT COUNTRY? States	
B	11. MARITAL STATUS 1 Never Merried 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 YES 2: IF YES, GIVE WAR OR DATE	2 X X0	13. WAS DECENDENT OF HIS If yes, specify Cuben, Me 1 YES 2 X NO Sp	PANIC ORIGIN? (Specify Yea xican, Puerto Rican, etc.) ecify:	or No. 14, RAC	E — American Indian, ck, White, etc.	
IPLETED	15. OECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) Unknown	completed) College (1-4 or 5+)	life. Do NOT use n	done during most of working		ican Ca	an Co.	
ed at once. BE COMPL	17. FATHER'S NAME (First, Middle, Last) Andrew		racy	16. MOTHER'S	NAME (First, Middle, Maiden Zabeth	Surname)	(unknown)	
T T	190. INFORMANT'S NAME (Type/Print) Mrs. Beverly	Wolfe	196. MAILING AD 609 A	Street Pas	ral Route Number, City or Town	n, State, Zip Code) ryland	21122	
r must be	20e_METHOO OF DISPOSITION ALABurlel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	Woo	ACE AND DATE OF C ry, cremetory or other dlawn C	place) Cemetery	3/4/92 Woo	cation - city or To	Maryland	
edical examiner	21. SIGNATURE OF FUNERAL SERVICE U	Simula		22. NAME AND ADORESS OF MC Cully Fi 3204 Mounta	ain Rd. Pa	sadena,	sadena MD. 21122	
event, the medical	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. OUE TO (OR AS A CO	-C	enter the mode of dying, a	such as cerdiec or reaple	retory arrest,	Approximate Interval Between Onset and Death	
matic e	Sequentielly list conditions, if any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	. Alherose	Le vot	Me (C)	tus CXX	os L	ne	
y Injury.	PART II. Other algorificant condition	ne contributing to deeth but in	not resulting in t	ne underlying cause given	In Part I. 24a. WAS AN. PERFOR	MED?	D. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 FINO	
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH				
If Item 28 Is marked, or Item 23 shows an MPLETED BY PHYSICIAN: MEDI	27. MANNER OF DEATH 1 Natural 5 Pending 1 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	26b. TIME OF	Mursing Home 5 Resident F 26c, INJURY AT WORK? M 1 YES 2 NO	26d. DESCRIBE HOW IN	JURY OCCURED		
m 28 ls r ETED E	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY — building, etc. (Specify)	At home, farm, stree	t, factory, office	281. LOCATION (Street a City or Town, State)	nd Number or Rural I	Route Number,	
COMPLE	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.							
IMPORTANT: TO BE CO!	296. SIGNATURE AND WILE OF CHITTERE	HAMILTI	on	29c. LICENSE !	ILLY	29d. DATE SIGNED	(Month, Day, Year)	
	30. NAME AND ADDRESS OF PERSON WH HOUSE OF HOS	p. try 300	21- HA	NOVER ST	- bald	inne	ned	
	31. DATE FILED (MOVIET), Day, Year)	MAR 05 19		ia Davidson-Randa	2			

YEAR

Sc. COUNTY OF DEATH

10g, CITIZEN OF WHAT COUNTRY?

Specify:

USA

3. TIME OF DEATH

6. BIRTHPLACE (State or Foreign

Maryland

10d. INSIDE CITY LIMITS?

14. RACE — American Indian, Black, White, atc.

1 YES 2 | NO

White

interval Between

Onset and Death

24b. WERE AUTOPSY FINDINGS

1 TES 2 NO

29d. DATE SIGNEO (Month, Day, Year)

▶ 3/2/92

AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

months

2. DATE OF DEATH

DAY

C.

L			
		1	
A		1	
		1	
		1	
	1	1	

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

MAR 05 1992

Nellie.

Mar, 1,1992 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 213-05-3607 D 8/20/1903 1 🗆 M 2 💢 F 88 9a. FACILITY NAME (If not Institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH Seton Hill Manor Balto.City, Md. RESIDENCE OF DECEDENT 10a. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION Maryland Balto. City Md. 10e. STREET AND NUMBER 101 ZIR COOF 1648 S.Charles St. 21230 urs after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEOENT EVER IN U.S. ARMED 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Maxican, Puerto Rican, etc.) FORCES? 1 YES 2 NO 1 Never Married 2 Married 1 TES 2 NO Specify 3 Wildowed 4 Divorced 15. OECEDENT'S EDUCATION (Specify only highest grade comple 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY P Elementary/Secondary (0-12) College (1-4 or 5+) 8th.Grade funeral director, page 5 should be detached Homemaker Own Home once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) to Howard L. Weiderman Nellie notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mr.Robert L.Schultz, Sr. 1308 Meadowvalle Rd.Glen Burnie.Md 8 20a. METHOD OF DISPOSITION

**EXPURIE 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 26c. LOCATION — City or Town, State OATE Glen Haven Mem.Park 3/4 4 ☐ Donation 5 ☐ Other (Specify) Glen Burnie, Md. 21 SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY Balto.Md.21230 0 McCully Funeral Home, 130 E. Fort Ave. filled in by the fi the medical inter ha diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line. cremation, or IMMEDIATE CAUSE (Final disease or condition atherosclerotic Cardio vascular Discare the transfer physician and completely f requires that the death certificate be executed within event, reaulting in death) DUE TO (OR AS A CONSEQUENCE OF) traumatic Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 8 CEF injury, PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24s. WAS AN AUTOPSY PERFORMED? sgowd by the Vascular peri pheral amy 1 TYES 2 THO Den entra Den 7 Till b The law PHYSICIAN: 23 25. WAS CASE REFERRED TO ME Confilicate in the State Hem EXAMINER? 26. PLACE OF OEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: **CTENDING PHYSICIAN** ing Home 5 - Residence 6 - Other (Specify) 10 27. MANNED OF CEATH 28e. DATE OF INJURY (Month, Day, Year) Meth n marked. 28b. TIME OF 28c. INJURY AT WORK? 28d. OEŞCRIBE HOW INJURY OCCUREO 1 Natural 5 Pending Investigation м 1 YES 2 NO BY After 2 Accident 3 Suicide 26a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 6 Could not be determined 20 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED DIRECTOR. 22 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. = 2 MEDICAL EXAMINER: On TO THE HOSE TO THE FUNERA TO THE WITHIN 7 restigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIES 苦苦暑 BE 29c. LICENSE NUMBER D32158 2 30. NAME AND ACORESS OF PERSON WHO COMPLETED CAUSE OF CEATH (ITEM 27) (Type, Print) Tyotin Parikh HD 821N Entaw Baltimore MD 21201 407

32. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Schultz

Μ.

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR			CERTIF	ICATE OF	DEATH		REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATN										
VIOLET ETHEL SHEA						MONTH DAY		YEAR	3:20P	
	s. SEX	6. AGE (In yrs		IF UNDER 1 YEAR	IF UNDER 24 HF	$\overline{}$	DATE OF BIRTH	199		ACE (State or Foreign
E20 12 EE16	1 M 2 F	77	YRS.	MONTHS DAYS	HOURS MI	"	(Month, Day, Year)		Country)	
528-12-5546 9a. FACILITY NAME (If not institution, give stree	et and number)			9b, CITY, TOWN (OR LOCATION O		5 14 19	14	F N G	LAND
						PDEATH		200		
G.B.M.C. 6701	V. CHA	RLES .	SI	TOWS	SON			В	ALTI	MORE
10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR LOCA	TION				1	Od, INSIDE CITY
MARYLAND DAL	TIMODE								1	LIMITS?
MARYLAND BAL	TIMORE			CATONS	ZIP CODE			100 CITI		AT COUNTRY?
				"			19	log. Citi	US	
6012 BURLT OAK	ROAD 12. WAS DECEDEN	T FIFT WILLS	101100		212					
1 Never Married 2 Married	FORCES? 1	YES 2	X NO		13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No— If yea, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Inc. Black, White, etc.					- American Indian, White, etc.
3 XWidowed 4 Divorced	IF YES, GIVE V	WAR OR DATES		1 _ YES	1 ☐ YES 2 🔯 NO Specify: Specify:					
15. DECEDENT'S EDUCA	TION	160	DECEDENTS	USUAL OCCUPATION	DM .		16b, KIND OF BUS	INCO /INC		white
(Specify only highest grade co	impleted)		(Give kind of	work done during mose retired.)	ist of working		IOD, KIND OF BUS	MINESS/IND	JUSTRI	
Elementary/Secondary (0-12)	College (1-4 or 5	')	Secre					IBM		
17. FATHER'S NAME (First, Middle, Lest)										
Arthur		Cole				hel	First, Middle, Meiden	Surname)	Ame	25
19e. INFORMANT'S NAME (Type/Print)						1.7				
David Shea			6012	Rumt Oa	ak Road	urel Route	Number, City or Town	n, State, Zip	d. 21	228
			0012	Durine Oc	41 1000	. ~		-0,		
20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Remove	al from State		CEAND DATE	OF DISPOSITION (No other place)	ame of	1		CATION	City or Town	i, State
4 Donation 6 Other (Specify)			nmount	-			7 7	Balti	more	
21. SIGNATURE OF FUNERAL SERVICE LICEN	7/				ND ADDRESS OF			Llomo	Tno	
· Phillip S	Tout	mo	0557	75			Funeral	_	, 1110	
23. PART i. Enter the diseases, or opi	mplications tha			not anter the mo	da of dving.	such as	zenue 2]	retory arr	net	1 Approviousts
shock, or heart failure. Lie										
	at Diny Dila out	Se on each	line.					ratory arr	est,	Approximate interval Between
iMMEDIATE CAUSE (Fine)	64	26 31/d	-					ratory arr	est,	intarval Betwee
iMMEDIATE CAUSE (Final disease or condition resulting in death)	79 -C1	OR 2/19	SEPT	1C SHO				racory arr		intarval Betwee
disease or condition	79 -C1	26 31/d	SEPT	1C SHO	OCK			Tatory and		
disease or condition resulting in death)	DUE TO	OMA CON	SEPT NSEQUENCE O	7.C SHO	OCK	MR	COMA		vai,	intarval Betwee
disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	DUE TO	OR 2/19	SEPT NSEQUENCE O	7.C SHO	DCK	MR			vs.,	intarval Betwee
disease or condition resulting in death) Sequentially list conditions,	DUE TO	OMA (OR AS A COM	SEPT NSEQUENCE O ATION NSEQUENCE O	7C SHO	DCK	MR		and y and	v s.,	intarval Betwee
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Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury	DUE TO	OMA (OR AS A COM	SEPT NSEQUENCE O ATION NSEQUENCE O	7C SHO	DCK	MR			vs.,	intarval Betwee
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disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	OP AS A COM OP AS A COM OP AS A COM EPSS	SEPT NSEQUENCE O ATION NSEQUENCE O	TC SHO	OCK ROSMO S	AR IS	COMA	AUTOPSY MEO?	24b. W	interval Betwee Onset and Daat Onset and Daat
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Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART ii. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO DUE TO	(OR AS A CON (OR AS A CON (OR AS A CON EPSS death but no ER/Outpetien INJURY (ey, 'ber) FINJURY — A etc. (Specify)	SEPTINSEOUENCE O ATION NSEOUENCE O NSEOUENCE O TO reaulting 28b. TIM IN. At home, farm,	F): HYPEF F): 26. PI OTHER: 4 Nursing Hor IE OF 28c. IN, JURY M 1 street, tectory, office and at the time, date	g cause giver	IS In Part	COMA 24a. WAS AN PERFOR 1 VES 2 Other (Specify) 5. DESCRIBE HOW II LOCATION (Street a City or Town, State)	AUTOPSY IMEO? NO NJURY OCC and Number	24b. W A C C O 1 1 CCURED or Rural Routed.	Interval Betwee Onset and Daat FRE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO DUE TO	(OR AS A CON (OR AS A CON (OR AS A CON EPSS death but no ER/Outpetien INJURY (ey, 'ber) FINJURY — A etc. (Specify)	SEPTINSEOUENCE O ATION NSEOUENCE O NSEOUENCE O TO reaulting 28b. TIM IN. At home, farm,	F): HYPEF F): 26. PI OTHER: 4 Nursing Hor IE OF 28c. IN, JURY M 1 street, tectory, office and at the time, date	COSMOS COSMOS	(Check of the control	C. O MAS AN PERFOR 1 VES 2 Other (Specify) LOCATION (Street & City or Town, State) to cause(s) and man, data and place, and	AUTOPSY MEO? NUMBER NO NJURY OCC and Number where as stated did due to the	24b. W A A C C O 1 CURED or Rural Rou ed. w cause(s) s	interval Betwee Onset and Daat
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours eiter death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perm be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

31. DATE FILED (Month, Day, Year)...

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

Gulia Triller Pro 32. REGISTRAR'S SIGNATURE

ONMN-16 Rev 1/89

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled with in Extra this cartificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Merital Hydiens professional completely.	PUNIANI. II IEM 60 IS MARGO, OF HEM 63 SHOWS ANY INJURY, OF OTHER MARMANC GVORT, THE MEDICAL EXAMINER MUST DE MOTHED ST ORCE.
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	1 - STATE REGISTRAR	STATE OF MARY		MENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIENE REG. NO.	32 06289			
	1. DECEDENT'S NAME (First, Middle, Lest) MARGARET H	ELENA	TR	IPLETT	2. DATE OF DEATH	92 3. TIME OF DEATH 2:55 PM M			
	4. SOCIAL SECURITY NUMBER 213-12-9548	1 □ M 2 🖾 F 7	YRS.	F UNDER 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Morith, Day, Year) 4-10-20	a. BIRTHPLACE (State or Foreign Country) BALTIMORE			
TOR	9e. FACILITY NAME (If not institution, give street and number) NORTH ARUNDEL HOSPITAL ASSOCIATION RESIDENCE OF DECEMENT			GLEN BURNIE	EATH 9c. COU	A.A. COUNTY			
DIRECTOR		ARUNDEL	10c. CITY, 1	TOWN OR LOCATION DENA		10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	106. STREET AND NUMBER 211 CATALFA AVE.			101. ZIP CODE 21122	21122 U.S				
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 X NO	13. WAS DECENDENT OF HISPA It yes, specify Cuben, Mexico 1 YES 2 NO Specif		14. RACE — American Indian, Black, White, etc. Specify: WHITE			
LETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of won life. Do NOT use r	k done during most of working	16b. KIND OF BUSINESS/INC				
COMPL	12 YEARS 17. FATHER'S NAME (First, Middle, Last)		HOME MA	18. MOTHER'S NA	OWN HOME AME (First, Middle, Maiden Surname)				
BE	JOHN 19a, INFORMANT'S NAME (Type/Print)	FISCHER	Took Maning at	MARY	Route Number, City or Town, State, Zip				
2	JERRY JOHN TRIPLE	тт		ALFA AVE. PASA		o Code)			
	20a-METHOD OF DISPOSITION 1	20	b. PLACE AND DATE OF	- Mausoleum		City or Town, State			
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE ST.		SINGLETON FU	CILITY				
	23. PART I. Enter the diseases, or conshock, or heart feilure. Limited in the constant of the	list only one ceuse on the	SEP T	enter the mode of dying, such	ch as cerdiac or respiratory and	Approximate Interval Batween Onset and Death			
CERTIFICATION	Sequentially list conditions, If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
MEDICAL	PART II. Other significent conditions	continuting to death	but not resulting in	no	PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO			
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO								
Y PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME C		28d. DESCRIBE HOW INJURY OCI	CURED			
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJUR building, atc. (Spe	Y — At home, term, stre	et, factory, office	28f. LOCATION (Street end Number City or Town, Stete)	or Rural Route Number,			
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, and due to the ceuse(e) end menner ee stated. 2 MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date and piece, and due to the ceuse(s) and menner ee stated.								
TO BE C	296. SIGNATURE AND TITLE OF CERTURES 196. DATE SIGNED (Mgnth, Day, Year)								
	DR. ELMO M. GAY	OSO, M.D./27	73-F PENING	SULA FARM ROAD/	'ARNOLD, MD. 21	012			
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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STATE OF		DEPARTMENT				MENTAL	HYGIENE
	C	ERTIFICATE	OI	F DEAT	TH		REG. NO.

1. DECEDENT'S NAME (First, Middle, Lin	Antonio D	exter Wis	е					2. DATE OF WONTH		1992 YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 214-62-5805	5. SEX 1 M 2 F	6. AGE (In yrs. I	rst birthday) YRS,	IF UNDER 1	YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF I	1952	8. BIRTI Coun	HPLACE (State or Foreign
90. FACILITY NAME (If not institution, git 400 Mt Holly Str				96. CITY, 1 Bal		or LOCATH	ON OF DE	EATH	90	COUNTY OF	DEATH
RESIDENCE OF DECEDENT 100. STATE 106. COU	NTY			, town or altimo		TION	7				10d. INSIDE CITY LIMITS? 1 YES 2 NO
400 Mt Holly	Street				10	21229		18	10	g. CITIZEN OF	WHAT COUNTRY? U.S.A
II. MARITAL STATUS I Never Married 2 Merried I Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	T EVER IN U.S. A VES 2 X MAR OR DATES	RMED NO	14 1	yes, sp			n, Puerto Rica	specify Yee or N n, etc.)	Io 14. RAC Blac Spec	E — American Indian, k, White, etc. //y: Black
15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)	EDUCATION ade completed) College (1-4 or 5	-	ECEDENT'S Give kind of w le. Do NOT us	vork done du	CUPATION TO THE PROPERTY OF TH	ON est of working	g	16b. KM	ND OF BUSINES	SS/INDUSTRY	
17. FATHER'S NAME (First, Middle, Last) James Wise					4	Do	rise	Carroll	le, Maiden Sum		
Jean Clark		1		Mt Ho					e, Mid 21	1229	
20a, METHOD OF DISPOSITION Burlel 2 Cremation 3 R	Activities of the second	20b. PLACE comelery, c	ematory or ot	rial Pa	ark			3692		on — chy or to llstown,	
signature of funeral service	1 Ghr	(אמ		ı	Marc	h F/H Wab	West		IR	7	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. TN TR DUE TO	(OR AS A CONSI			6	XIOS.	as	R			
PART II. Other significent condit	d.	death but not	resulting l	n the und	eriyin	g ceuse g	given in		e. WAS AN AUTO PERFORMED	7	WERE AUTOPSY FINDII MAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
5. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:		ACE OF D	EATH (Ch	eck only one)			
7. MANNER OF OEATH 1 Natural 5 Pending investigation	1 Inpatient 2 28e. DATE OF (Month, D	INJURY	3 DOA DOA INJ	E OF 2	8c. IN.	URY AT DRK?		8 Other (Sp 28d. DESCRI	BE HOW INJUR	Y OCCURED	
3 Suicide 8 Could not 4 Homicide determined	28s. PLACE O	FINJURY — At hetc. (Specify)	iome, term, a	freet, factor	y, offic	•		28f. LOCATIO City or To	ON (Street end Nown, State)	lumber or Rural	Route Number,
	YSICIAN: To the bast of INER: On the basic of e										s) end menner ae atate
96. SIGNATURE AND TULE OF CENTRE	nen	m.	0			29c. LICE	NSE NUM	IBER	290	d. DATE SIGNED	3 - 92
9. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUS	SE OF DEATH (IT	EM 27) (Type,	Print)							
MAR 05 1992	32. REGISTRA	IR'S SIGNATURE	Leer.						· · ·		

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4.7	fille	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	he	
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	1 - STATE REGISTRAR		CE	ERTIF	ICATE	OF D	EATH	ID MEN	REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last) DOROTHY WIEN	ECKE						2. D/ MO	TE OF DEATH DA	28	SEAR S	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 1 M 2 X F	6. AGE (In yrs. las	t birthday) YRS.	IF UNDER 1		UNDER 24 H		TE OF BIRTH orth, Day, Year) 2-29-20		8. BIRTH	PLACE (State or Foreign
DIRECTOR	9a. FACILITY NAME (If not institution, give s 511 S. ELLWOOD				96. CITY, T BAL	TIMO		OF DEATH		9c. COU	INTY OF D	
EC	10a. STATE 10b. COUNT	1		10c. CIT	Y, TOWN OR	LOCATION						444 191415 6171
	MARYLAND				ALTIM							10d. INSIDE CITY LIMITS? 1 X YES 2 NO
RAL	511 S. ELLWOO	D AVENU	E			10f. ZIP	224				IZEN OF W	HAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN	T EVER IN U.S. ARI	MED	it y	S DECEND	ENT OF HIS Cuban, Ma	SPANIC ORIGINAL PURP	GIN? (Specify Yes to Rican, atc.)	JSA or No-	14. RACE Black Speck	— American Indian, , Whita, atc.
	15. DECEDENT'S EDU	CATION	Jee DE	CEDENTIO			,				WHI	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) HOMEMAKER											
00	17. FATHER'S NAME (First, Middle, Last)					18.	MOTHER'S	NAME (Firs	t, Middle, Meiden	Surname)		
BE (AMON WEITZEL							E TE				,
0	194. INFORMANT'S NAME (Type/Print) MR. ROBERT V. W	TENECKE	1						umber, City or Town			
	20a. METHOO OF DISPOSITION 1 Burlel 2 Cremetion 3 Ram		20b. PLACE A	ND DATE	OF DISPOSITI	ON /Name of			ATE 20c. LO	MARY CATION —	City or Ton	21122 wn, Stata
- 2	4 Donation 5 Other (Specify)	1	OAKL A	TWN.	CEME.	TERY		3-		_TO.	MD.	21224
	23. PART I) English the diseases, or c	Hacza	would	i	BAI	_TIM	ORE,	MAF	RYLAND	212	24	SAS Fleet
	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	Meter	COR AS A CONSEC	P		f (lon	cel				Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events		(OR AS A CONSEO									
ERT	resulting in death) LAST	1.										
PHYSICIAN: MEDICAL C	PART ii. Other significant condition	s contributing to	death but not re	esulting (in tha unde	riying cau	ise given	in Part I.	24e. WAS AN PERFORI	MED?		WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL					26 DI ACE	OF DEATH	(Check only				
SIC	EXAMINER?	HOSPITAL:	ER/Outpatient 3	DOA	OTHER:							
H	27. MANNER OF DEATH	28a. DATE OF (Month, Da	INJURY	26b. TIM		c. INJURY			EŞCRIBE HOW IN	JURY OC	CURED	
BY	1 Natural 5 Pending 2 Accident Investigation				M	WORK?	2 NO					
뎶	3 Suicida 6 Could not be datarmined	26s. PLACE Of building,	FINJURY — At horante. (Specify)	ne, farm, s	itreet, factory,	offica		281. LC	CATION (Street at ty or Town, State)	nd Number	or Rural Ac	oute Number,
COMPLETED	29a. CERTIFIER (Check only 2 MEDICAL EXAMINE)	CIAN: To the best of	my knowledga, das amination and/or in	th occurre	nd at the time	, data and p	place, and	due to the o	couse(a) and man	ner as stat	ed,	and manner as stated
BE CC	291 SIGNATURE AND TITLE OF CERTIFIER	4 1		\wedge			LICENSE					Month, Day, Year)
p p	30 NAME AND ACCESS OF DESCRIPTION	wan	4, U.	· I) .		10	0 -9	55	7	▶3/	2/9	12_
	30. NAME AND ADDRESS OF PERSON WHO	TERBI	JRY, M	27) (Type,	Print) 4946	EA	STEV	W K	LUE. E	BAL	7. de	0.21224
	31. DATE FILEO (Month, Day, Year) MAD 5	1992	the David	Son-A	andres							

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burial-transit permit. Pages 1, 2, 3 sho	40	19
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BALTIMORE, MARYLAND 21215-0020 after death. Page 6 may be retained by the hospital by after death. TO THE MISTAL DIFFERENCE AND SOLVE THE LAW requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by TO THE MUREAL DIFFERENCE After the completely filled in by the funeral director, page 5 should be be and without 22 hours after death with the Star Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: Illiem 28 is marked, or liter 23 shows any injury, or other traumatic event, the medical examiner must be notified at

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPARTI	MENT OF H	EALTH AND N	MENTAL HYGIEN	E	00232	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH	
	MARY C. WATS	ON				03 04			
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF BIRTH	a DIOT	9:00 a.m. M	
	213-64-6662 9a. FACILITY NAME (if not institution, give s	1 🗆 M 2 💢 🗜	77 YRS. M	ONTHS DAYS	HOURS MIN.	Dec. 22, 1914	4 Mary	Tand	
DIRECTOR	THE JOHNS HOPK				ORE CITY	ATH	9c. COUNTY OF BALTIN		
EC	10a. STATE 10b. COUNTY	,	10c, CITY, 1	TOWN OR LOCAT	ION			and moine over	
	Maryland 100. STREET AND NUMBER			Baltimo	re City			10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
FUNERAL	716 N. Duncan Stre	æt		10f	21205		10g. CITIZEN OF	WHAT COUNTRY?	
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 XWidowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR (2 /NO	13. WAS DEC If yea, spo 1 YES	cify Cuban, Maxican			E — American Indian, ik, Whita, atc.	
	15. DECEOENT'S EDUC	CATION	18e. DECEDENT'S US	UAL OCCUPATION	IN	16b. KIND OF BUS	INESS (INDICATE)	MILCO	
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)		k done during mo: etired.)		100. KIND OF BUS	INESS/INDUSTRY		
M	17. FATHER'S NAME (First, Middle, Last)		1000	di (Ci					
BE CO	William James Bare	ehan e				E (First, Middle, Melden S Freeland	Surname)		
10	190. INFORMANT'S NAME (Type/Print) Mrs. Virginia M. N	<i>Ners</i>	19b. MAILING AC 4225 MIS	DORESS (Street a		timore, Mary			
	20a. METHOD OF OISPOSITION 1 X Buriel 2 Cremation 3 Remo	20	b. PLACE AND DATE OF	DISPOSITION (Na	ne of	OATE 20c. LOC	CATION — City or To	own, State	
	4 Donation 5 Other (Specify)	nter A	oplar Grove				imore Mar	yland	
	· Michael	Durk			O ADDRESS OF FAC	штү Inc. 5305 Ha	reford Doac	1 2121/	
	23. PART I. Enter the diseases for c shock, or heert failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	Ischemic	each line.	enter the mod	de of dylng, such	aa cardiac or reapir	ratory arrest,	Approximate Interval Batween Onset and Death 5 days	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		A CONSEQUENCE OF):						
MEDICAL	Diabetes Ne	contributing to death t	out not resulting In t	the underlying	cause given in P	Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
3	25. WAS CASE REFERRED TO MEDICAL			28 PI	ACE OF OEATH (Chec	t only one)			
200	EXAMINER? 1 YES 2 NO	HOSPITAL:		THER:					
PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJL WOF	IK7	Other (Specify) 28d. DESCRIBE HOW IN	JURY OCCUREO		
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28s, PLACE OF INJURY building, atc. (Spe	f — At home, ferm, street		ES 2 NO	2af. LOCATION (Street an City or Town, State)	nd Number or Rural I	Route Number,	
COMPLETED	29a. CERTIFIER (Check only	CIAN: To the best of my know	riedge, death occurred a	t the time, date	and place, and due to	the cause(s) and mann	ner se stated.		
200	2 MEDICAL EXAMINER	R: On the basis of examination	n and/or investigation, i	n my opinion, de	ath occured at the ti	me, date and place, and	due to the cause(s) and manner as stated.	
IO BE	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	MEJIA	MA J	8114	29c. LICENSE NUMB	ER	29d. DATE SIGNED	(Month, Day, Year)	
	MARCO A.	METIA	3	olus 1	Lophins	has.	Tous	x 110	
	MAR U 5 1992	32. REGISTRAR'S SIGN							

10 Let (1. 1. 1.

1	•	FOR STATE REGISTR	AF
	1. D	ECEDENT'S	NA

STATE OF MARYLAND / DEDARTMENT OF HEALTH AND MENTAL HOUSENER

REGISTRAR	CERTIF	ICATE (OF DEAT	п	F	REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)		-			2. DATE OF	DEATH			3. TIME OF DEATH
Marie J. Zellman	1				3-3-	-199		YEAR	м
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (h	n yrs. last birthday)	IF UNDER 1 YE			7. DATE OF	BIRTH		8. BIRTH	PLACE (State or Foreign
215-28-7185 1□M XXF 50	YRS.	MONTHS DA	WS HOURS	MIN.	(Month, Di		32	Mar.	vland
9a. FACILITY NAME (If not institution, give street and number)		9b. CITY, TO	WN OR LOCATIO	ON OF DE		-19.		NTY OF D	
108 N. Montford Ave.		Ra	altimo	re					
RESIDENCE OF DECEDENT 106. STATE 10b. COUNTY				TE					
	10c. CIT	Y, TOWN OR L	OCATION						10d. INSIDE CITY LIMITS?
Md		Ba I	timor						1 YES 2 NO
			10f. ZIP CODE				10g. CITI	IZEN OF W	HAT COUNTRY?
108 N. Montford Ave.			212				Lī	J.S.	Α.
11. MARITAL STATUS 1 Never Married 2 Married 12. WAS OECEDENT EVER IN FORCES? 1 YES	U.S. ARMED 2 NO	13. WAS	DECENDENT OF	F HISPAN	IC ORIGIN? (S	pecify Yea	or No-	14. RACE	— American Indian, , White, etc.
SXX Widowed 4 Divorced IF YES, GIVE WAR OR DA		10	YES 2 NO	Specify		,,,		Specif	fy:
15. DECEDENT'S EDUCATION	18a. OECEDENT'S	1101111 00011							White
(Specify only highest grade completed)	(Give kind of v	work done during	PATION g most of working	9	16b. KIN	ID OF BUS	INESS/IND	DUSTRY	
and the second s	Homema					TT.			
17. FATHER'S NAME (First, Middle, Last)	nomema	VET	48 MOTH	ED'C NA	ME (First, Midd		ome		
Unknown					McKe		Surname)		
19a. INFORMANT'S NAME (Type/Print)	19h MAILING	ADDRESS /Sh	eet and Number			_	A		
Mr. Michael D. McKee.Sr.									21144
	PLACE AND DATE			STII					
1 Churtai 2 Cremation 3 Hemoval from State ceme	etery, crematory or of	ther place)	•		OATE	20c. LOC	CATION —	City or To	wn, Stata
21. SIGNATURE OF FUNERAL SERVICE LICENSEE	rrison	FORE 22. NAM	St Ve	S OF FAC	Cem.	Ba	alto		Md.
edy & Wayne			tley			inno	r - 1	Hom	
7 7 4 4 6		1752	7 177	for.	a Da	Da '	1 4 -	2.0	
23. PART I. Entar the disasses, of complications that caused shock, or heart failure. List only one cause on ear	the daeth. Do n	ot anter the							
			moda of dyin	ng, such	es cardiec	or respir	ratory err	est,	Approximate
IMMEDIATE CAUSE (Final	ch line.								Intervel Between
IMMEDIATE CAUSE (Final	ch line.								Intervel Between
IMMEDIATE CAUSE (Final	ch line.								Intervel Between
imméDiate Cause (Final disease or condition resulting in death) a. Motorial Due to (or as a condition)	CONSEQUENCE OF	ly defl							Intervel Between
imméDiate Cause (Final diseese or condition resulting in death) a. Mount in the policy of the polic	CONSEQUENCE OF	ly defl							Intervel Between
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IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DATE II. Other significant conditions contributing to death but the conditions conditions contributing to conditions contributing to conditions contributing to conditions contributing to conditions contributing to conditions contributing to conditions contributing to conditions contributing to conditions contributing to conditions contributing to conditions contributing to conditions contributing to conditions contributing to conditions contributing to conditions contributing to conditions contributing to conditions contributing to conditions conditions contributing to conditions contribu	CONSEQUENCE OF CONSEQ	OTHER: A Nersing For 28c, In treet, factory, of d at the time, on, in my opinion	ying cause gi	ATH (Checkledence & NO and due to diet the til	Part I. 24a 1 [Other (Sp. 28d. Descrie 28f. LOCATION City or Ton the cause(a) Ime, data and	. WAS AN A PERFORI	MUTOPSY MED? NO NO NO NO NO NO NO NO NO N	24b. 24b. Or Rural Ro	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page be filled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-18 Rev 1/89

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1	-	STATE REGISTR	AR
Г		ECEDENT'S	MAN

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 92 06294

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REGISTRAR		CERTIF	ICATE OF	DEATH	RE	G. NO.	- 00234		
1. DECEDENT'S NAME (First, Middle, Lest	,	PAUL	ATKINS		2. DATE OF DE	ATH 3/3/9	2 year 0438		
4. SOCIAL SECURITY NUMBER	1 XXXII 2 □ F	AGE (In yrs. last birthday) YRS.	FUNDER t YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIR (Month, Day, FEB. 27	Year)	8. BIRTNPLACE (State or For Country) MARYLAND		
99. FACILITY NAME (If not institution, give THE JOHNS HOPKI RESIDENCE OF DECEDENT		,		RE CITY	EATH		JNTY OF DEATH		
10e. STATE 10b. COUN	ALTIMORE	10c. Ci	10c. CITY, TOWN OR LOCATION CATONSVILLE				10d. INSIDE CITY LIMITS? 1 TYES 2 XX		
100. STREET AND NUMBER 45 N. PROSPECT	45 N. PROSPECT AVENUE				1228	10g. CIT	U.S.A.		
11. MARITAL STATUS 1 X Never Merried 2 Merried 3 Widowed 4 Divorced	1 X Mever Merried 2 Merried FORCES? 1 YES 2			ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— If RACE — Black, \ If yee, specify Cuban, Maxicen, Puerto Rican, etc.)					
15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	15. DECEDENT'S EDUCATION Specify only highest grade completed) College (1-4 or 5 +) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/ING						OUSTRY		
17. FATHER'S NAME (First, Middle, Lest) 18. MOTNER'S NAME (First, Middle, Meidlen Surname) KIMBERLY ATKINS									
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	G AOORESS (Street	and Number or Rural			ip Code)		
KIMBERLY ATKINS	(MOTHER)						MARYLAND 212		
20a. METHOD OF DISPOSITION X XBurlel 2 Cremetton 3 Rei 4 Denation 5 Other (Specify)	moval from State	20b. PLACE AND DATE Cemelery, crematory pre ST. JOHN	OF DISPOSITION (lame of	DATE 2	20c. LOCATION —	City or Town, State		
21. SIGNATURE OF FUNERAL GERVICE L	1 ~	Le	LEROY	M. & RUS	SSELL C.	WITZKE	E FUNERAL HOM		
Sequenticity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	AS A CONSEQUENCE O		pulin	mary	atre	unt I da		
PART II. Other algorificent condition		ath but not reculting	In the underlyie	ng cause given in	P	MAS AN AUTOPSY PERFORMEO? PES 2 NO	24b. WERE AUTOPSY FIN AMAILABLE PRIOR T COMPLETION OF CO OF DEATH? 1 YES 2		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	110000001			LACE OF DEATH (C	neck only one)				
1 - YES 2 - NO	HOSPITAL:	/Outpatient 3 🗆 DOA	OTHER:	ne 5 🗆 Rasidence	S - Other (Speci	Hy)			
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Y		JURY W	JURY AT ORK? YES 2 NO	2Sd. OEŞCRIBE	NOW INJURY OC	CCURED		
3 Suicide S Could not be determined	28e. PLACE OF IN- building, etc.	JURY — At home, farm, (Specify)	- At home, farm, street, factory, office			29I. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)			
	SICIAN: To the best of my l						ited. he cause(s) end manner ee sta		
296. SIGNATURE AND TITLE OF CERTIFIE	Fan Uni	11		29c. LICENSE NU			TE SIGNED (Month, Day, Year) 03/03/92		
30. NAME AND ADDRESS OF PERSON W	Pluis De	diatric 1	Entensi	re Care	Unit,	Ralt	imme, MI		
31. DATE FILEO (Month, Day, Yegr)	32. REGISTRA'S	SIGNATURE A	indesse.				ė		



DHMH-1S Rev 1/89

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Merial Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	ATE OF DEATH	REG. NO).						
1. DECEDENT'S NAME (First, Middle, La	R lanche	Bailey		2. DATE OF DEATH	AY YEAR 9)	3. TIME OF DEATH					
4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birthday)	FUNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		HPLACE (State or Foreign					
1 . 1	90. FACILITY NAME (If not institution, give street and number) Aiberty Medical Center BAHINBRE City RESIDENCE OF DECEDENT 90. COUNTY OF DEATH BAHINBRE CITY										
10e. STREET AND NUMBER 26/3 QUAN 11. MARITAL STATUS 1 Never Married 2 Merried	tico	Alle	101. ZIP CODE	- ay	10g. CITIZEN OF	WHAT COUNTRY?					
3. Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 NO	13. WAS DECENDENT OF HISP If yes, specify Cuben, Mexi 1 YES 2 NO Spec	can, Puerto Rican, etc.)							
15. DECEDENT'S E (Specify only highest gn Elementery/Secondery (0-12) 17. FATHER'S NAME (First, Middle, Last)	DUCATION ide completed) College (1-4 or 5+)	180. DECEDENT'S US (Give kind of work life Do NOT use in	done during most of working	16b. KIND OF BU	SINESS/INDUSTRY						
	855			AME (First, Middle, Melden	Surnamo) ANSON	/					
19a. INFORMANT'S NAME (Type/Print)		196. MAILING AD	DRESS (Street end Number or Rura	I Route Number, City or Tow	n, State, Zip Code)	21215					
20a. METHOD OF DISPOSITION 1 General Burlet 2 Gremation 3 Recognition	amoval from Stata	20b. PLACE AND DATE OF D	SNA dec		CATION - City or Ti	Mrayland					
4 Donation 5 Other (Specify)	LICENSEE	WESTE	22. NAME AND ADDRESS OF F	ACILITY COM	BNS VILL	e Ma					
23. PART I. Enter the diseases, or head delivery	rown		1206W,1	Vorth A	we	7120					
iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. List only Dna ceuse	on each line.				Approximata interval Batween Onset and Death					
Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events Due to (OR AS A CONSEQUENCE OF):										
PART II. Other significent condition. Confestive	ons contributing to da		ha underlying ceuse givan in	PERFOR	MED?	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE					
	- 6			t _ YES 2		of DEATH?					
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	0	26. PLACE OF DEATH (C	theck only one)							
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92 06297 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATH MARCHY HADREW nick 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (Stete or Foreign Country) 811 60 508 15 M 2 | F EMSYLVANIA 9e. FACILITY NAME (if not institution, give street end nu 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH GOOD SAMART HOSP BALTIMORS DIRECTOR 10e. STATE 10b. COUNTY 10c. CITY TOWN OR LOCATION 10d. INSIDE CITY LIMITS? BALTIMORE MARYLAND ARKVILL 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? DRIVS Anne 21234 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X VES 2 NO IF VES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-if yee, specify Cuban, Mexicen, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried 1 YES 2 NO Specify BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) IZMAKER BALTO 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, AMPRILL BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code, 2 FAMILY ABous 20a, METNOD OF DISPOSITION

| Surial 2 | Cremetton 3 | Removal from State
4 | Donation 5 | Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE DULA VEY VALLY MUN M0 22. NAME AND ADDRESS OF FACILITY OF M2MORISS EVANS CHAPLU OF M2MORISS 8800 HARFORD ROAD - PAR Namo 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or reepiratory arrest, Approximete ahock, or hasrt failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Fine) Onset and Death disease or condition orondry reaulting in death) DUE TO (OR AS A CONSEQUENCE OF) PHYSICIAN: MEDICAL CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF). If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated evente reauiting in death) LAST PART II. Other algolificant conditions contributing to death but not resulting in the underlying cause given in Pert i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? nortension 1 YES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATN (Check only one) HOSPITAL:
1 | inputiont | inputiont | 3 | DOA OTHER: 1 YES 2 NO 5 Residence 8 Cher (Specify) 4 Nurs 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 12 Natural 5 Pending Investigation M 1 YES BY 2 NO 2 Accident 28e. PLACE OF INJURY — At home, ferm, atreet, factory, office building, atc. (Specify) 3 Sulcide ETED 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide determined COMPL CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the ceuse(s) end menner ee stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

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6. Menstan's SIGNATURE Sevidson

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

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(Month, Day, Year MAR

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	Jah
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or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should		
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IN: THE JAW REQUIRES THAT THE DEATH CERTIFICATE DE EXECUTED WITHIN 24 HOURS ATTEL DEATH. PA	funeral		- Same
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	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND		NT OF HEALTH AND TE OF DEATH	MENTAL HYGIEN	E	2 06298
	1. DECEDENT'S NAME (First, Middle, Last) FREDERICK 4. SOCIAL SECURITY NUMBER	6. SEX 6. AGE (In yrs.	LER	ER 1 YEAR IF UNDER 24 HRS.	2. DATE OF DEATH MONTH	6 9Z	531 A M
	-	DEM N 2 DF 79	YRS. MONTH		June 23	9B 17	ARYLAND
TOR	ST. JOSEPH RESIDENCE OF DECEDENT	Hospita	4	Towsort	DEATH /	BAL)	TIMORE
L DIRECTOR	100, STATE 106, COUNTY PARYLAD BALT 100, STREET AND NUMBER	Troll	10c. CITY, TOWN	Kills			10d. INSIDE CITY LIMITS? 1 YES 27 NO
FUNERAL	8302 APT.	F. Nunley	ORINE	101. ZIP CODE 2123	4	U.	S-A
BY	1 Never Married 2 Merried 3 Never Married 2 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 12 YES 2 IF YES, GIVE WAR OR DATES	ARMED 1:	3. WAS DECENDENT OF HISP If yes, specify Cuben, Mexi 1 YES 25 NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific N	cen, Puerto Rican, etc.)	В	IACE — American Indian, Black, White, etc.
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co	ompleted)	DECEDENT'S USUAL (Give kind of work don life. Do NOT use retired	e during most of working	16b. KIND OF BU	SINESS/INDUSTR	Y
	17. FATHER'S NAME (First, Middle, Last)	Conrao P	GITTER		NAME (First, Middle, Maiden	Surname)	مح ال
TO BE	190. INFORMANT'S NAME (Type/Print) FAC: LY RECOR		196. MAILING ADDRE	SS (Street and Number or Rura	al Route Number, City or Tow		
	26a, METHOD OF DISPOSITION Burial 2 Cremation 3 Remove 4 Donation 6 Other (Specify)	20b. PLAC	E AND DATE OF DISPO			CATION — CHY OF	· ma
	21. SIGNATURE OF TOMETIAL SERVICE LICEN	NSEE PORT	22	NAME AND ADDRESS OF I	SED BOX	70875	Kenir
	23. PART I. Enter the diseases, or con	mplicetions that caused the st only one cause on each li	na.			ratory arrest,	Approximete Interval Between Onset and Death
z	resulting in desth)	DUE TO (OR AS A CONS	BEOUGHCE OFF:	wal Ly Shock I Black	arch we		
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONS DUE TO (OR AS A CONS	EOUENCE OF):	I Black			
CERTI	resulting in death) LAST						
PHYSICIAN: MEDICAL	PART II. Other significant conditions without Reg	contributing to death but no	t resulting in the t	underlying couse given i	n Part I. 24a, WAS AN PERFOR	IMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
SICIAN:		HOSPITAL:	OTHE				
ву РНҮ	27. MANNER OF DEATH 1 Natural 5 Pending	26e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	26c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW II	NJURY OCCURED	
	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide datarmined	28e. PLACE OF INJURY — At building, etc. (Specify)	home, ferm, street, to				
COMPLETED		AN: To the best of my knowledge, On the besie of exemination end/o					se(e) end menner se stated.
TO BE C	206. SIGNATURE AND TITLE OF CERTIFIER	an.O. Icu	HOREE O	29c. LICENSE NI	UMBER 1284		MED (Month, Day, Year)
P	30 NAME AND ADDRESS OF MERSON WHO	COMM STED CALLES OF DEATH OF					

296. SIGNATURE AND TITLE OF CERTIFIER

Layunde layour 21.9. ICU HORGE OFFICER D 4/28

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

RAYMUNDO CAPARROS M.D. ST. JOSEPH HOSPITAL

32. REGISTRAR'S SIGNATURE
STUME DAVIDSON-Randelle

31. DATE FILED MAR 06 1992

BALTIMORE, MARYLAND 21215-0020

TO WE HERFINDLONG PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE COURT After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART			MENTAL HYGIEI	NE	2 01	0 2 9 9	
	t. DECEDENT'S NAME (First, Middle, L	Bagby M	MAMIE L	. BAGE	BY			EAR	OF DEATH	М
	218 05 2924	4 1 D M 2 D F	73 YRS. MONTHS DAYS HOURS MIN.			7. DATE OF BIRTH (Month, Day, Year)	8	Country)	(State or Foreign	
DIRECTOR	UNIVERSITY	HOSPITAL	DSPITAL BALTIMORE					Y OF DEATH		
	10e. STATE 10b. CO M D 10e. STREET AND NUMBER	UNTY	10c. CITY, TOWN OR LOCATION BALTIMORE 101. ZIP CODE					1 💢 Y	ISIDE CITY IMITS? YES 2 NO	
FUNERAL	1154 N. CAL		OUN STREET					U.S.A.		
BY	1 XNever Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2 NO It yo				NIC ORIGIN? (Specify W n, Puerto Rican, etc.) y:	14.	Black, White, Specify: BL	ACK	
COMPLETED	15. DECEDENT'S (Specify only highest (Elementary/Secondary (0-12) 6th	EDUCATION grade completed) College (1-4 or 5+)	de completed) (Give kind of work done during most of working				USINESS/INOUS			
BE CO	17. FATHER'S NAME (First, Middle, Last OSCAR BAGBY)			CORA	ME (First, Middle, Maide HOLMES				
2	SHELLEY GRE	REGORY 1354 N. FREMONT AVE.,					[MORE,	MD 2		
	20b. PLACE AND DATE OF DISPOSITION 1 M Burilai 2 Cremation 3 Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place) ARBUTUS MEMORIAI. PARK 220c. LOCATION — City or Town, State ARBUTUS, MD 22. NAME AND ADDRESS OF FACILITY WM.C.MARCH F.H./1101 E. NORTH AVE.									
ERTIFICATION	23. PARTT. Enter the diseases, ahock, or heart fails ahock, or heart fails immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death)	a. DUE TO (OR AS A OUE TO (OR AS A	d the death. Do no ach line. A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF):	:	ode of dying, suc	h aa cardiac or res	olratory arrest	- le	approximate nterval Betwe Priset and Des	
PHYSICIAN: MEDICAL CE	PART II. Other significant cond	itions contributing to death b	out not reaulting in	the underlyin	g cause given in	Part I. 24a. WAS AI PERFO	RMED?	AVAILAE COMPLI OF DEA	AUTOPSY FINDING BLE PRIOR TO ETION OF CAUSE ITH? ES 2 \(\text{NO}\)	is
YSICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL:	entient 3 DOA 4	OTHER: I - Nursing Hor	LACE OF OEATH (Chi	6 Other (Specify)				
B	1 Natural 5 Pending 2 Accident Investigat	28e. PLACE OF INJURY	26b. TIME INJUI	M 1	PURY AT DRK? YES 2 NO	28d. OEŞCRIBE HOW 281, LOCATION (Street			mb.e.	
PLETED	4 Homicide determine	building, atc. (Spec	olfy)			City or Town, State)	- Foods (for		_
COMPLE		MINER: On the basis of examination				time, data and placa, a	nd due to the co	ause(a) and ma		
TO BE	30. NAME AND AGGRESS OF PERSON	I WHO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, F	Print)				02799		_
	31. DATE FILED (Month, Day, Year) MAR 0 6 19	32. REGISTRAR'S SIGN 92 Julia Davids								
		V	. Linear						OHMH-15 Rev	1/8

3. TIME OF DEATH

10d. INSIDE CITY

14. RACE - American Indian, Black, White, etc.

Specify: WHITE

21229

24b. WERE AUTOPSY FINDINGS

MAIL ARLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 YES 2 NO

Approximate

interval Betwe

Onset and Death

1 TES 2 NO

8. BIRTHPLACE (State or Foreign

MARYLAND

8054M

VEAR

92

USA

BALTIMORE

REG. NO.

165

2. DATE OF DEATH MONTH

7. DATE OF BIRTH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

31. DATE FILED (Month, Day, Year)
MAR 06 1992

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שניים כל ליובר הבסחם, ד.ט. מסא ופובה,	TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mours after	At DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the
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HOURS 1 X M 2 | F 213-01-2608 YRS. MAY 08 1908 Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give etreet end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH TOWSON MANOR CARE RUXTON DIRECTOR RE DENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10b. COUNTY 10a, STATE BALTIMORE BALTIMORE MARYLAND permit. I FUNERAL 100. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 21229 burial-transit 4306 LEEDS AVENUE 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cubin, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 1 Never Married 2 X IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced use as the WWII CB 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18s. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Ш detached for College (1-4 or 5+) LAW ENFORCEMENT COMPL POLICE OFFICER 12TH 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) SOPHIA B. SCHLINING 2 **GEORGE** BACHMAN notified at 띪 page 5 should 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 CORINNE A.M. BACHMAN 1508 MARSHALL ST, BALTO, MD 21230 9 20a, METHOD OF DISPOSITION

LA Burtal 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cametery, cramatory or 20c, LOCATION -- City or Town, State must funeral director, LOUDON PARK CEMETERY 4 Donation 5 Other (Specify) BALTIMORE, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY HUBBARD FUNERAL HOME, INC. 40 4107 WILKENS AVE, BALTIMORE, MD medical 23. PART I. Enter the disease, or complicatione that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each lina. 6 IMMEDIATE CAUSE (Final cremation, the disease or condition resulting in death) event, burial, traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): 9 If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): Mental Hygiene that initiated events resulting in death) LAST shows any injury, or PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY MEDICAL and PERFORMED? Health a 1 TES 2 NO 6 PHYSICIAN: the State Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item OTHER: 1 TES 2 THO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ng Home 5 🗆 Residence 6 🗆 Other (Specify) 0 27, MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF 28 is marked, with 1 Netural 5 Pending Investigation 1 YES 2 NO BY death 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 6 Could not be 72 hours after 4 Homicide Hem 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. TO THE FUNERAL D
TO THE FUNERAL D
DO filed within 72 h
IMPORTANT: If its 2 MEDICAL EXAMINER: On the basis of exa nation and/or investigation, in my opinion, death occured at the time, date and place, and due to the ca 294. DATE SIGNED (Month, Day, Year) 29b. SIGNATURE A LICENSE NUMBER BE 2 30. NAME AND ADDRESS PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

IF UNDER 1 YEAR | IF UNDER 24 HRS.

THEODORE LEWIS BACHMAN

6. AGE (In yrs. last birthday)

S. SEX

DHMH-16 Rev 1/89

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM CERTIFIC			MENTAL HYG REG.				
	1. DECEDENT'S NAME (First. Middle, Last)	SALLY ANN	BARTKOWI	4K		2. DATE OF DEAT		2 3. 1	3:3 AM	
	4. SOCIAL SECURITY NUMBER / 217-26-0783	5. SEX 8. AGE (III	MC	HTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yes 7-19-19	30	BIRTHPLAC Country) JEST	VIRGINIA	
E I	9a. FACILITY NAME (If not institution, give		9		R LOCATION OF DE	ATH	9c. COUNTY	OF OEATH		
DIRECTOR	A STATE 106. COUNT		100 CITY I	OWN OR LOCATI					. INSIDE CITY	
	MARYLAND	BALTIMORE			DUNDALK ZIP CODE		10a, CITIZEN	1 [LIMITS? YES 2 XNO	
ERA	7853 ROCKBOURNE	ROAD		107.	2122	2	10g. CITIZEN	U.S	and the same of th	
BY FUNERAL	11. MARITAL STATUS 1 Never Married XX Married 3 Widowed 4 Divorced	12. WAS OCCEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES			ENDENT OF HISPAN city Cuban, Maxica 2 NO Specify	n, Puarto Rican, etc		Black, Wh	American Indian, ite, etc. WHITE	
8	15. DECEDENT'S EDU (Specify only highest grad	JCATION le completed)	16e. DECEDENT'S US (Give kind of work	UAL OCCUPATIO	N at of working	18b. KIND O	F BUSINESS/INDUS	TRY		
COMPLET	Elementary/Secondary (0-12) 1 2TH GRADE	(Give kind of work done during most of working life. Do NOT use retired.) N/A SECRETARY				BETHLE	EHEM STE	EL SH	IPYARD	
NO	17. FATHER'S NAME (First, Middle, Last)	N/A	18. MOTHER'S NA	ME (First, Middle, Mi						
BE	FRANK H. TIGHE			A M. TOI						
2	194. INFORMANT'S NAME (Type/Print) STANLEY F. BARTH	KOWTAK			NORE. MD		1222			
	20a. METHOO OF DISPOSITION 1 VBurial 2 Cremation 3 Ren	SITION 20b. PLACE AND DATE OF DISPOSITION (Name DATE 29c. LOCATION — City or Town, State							State	
	4 Donation 5 Other (Specify)		OAK LAWN	CEMETER	y 3-5-1	992 1	BALTIMORE	, MA	RYLAND	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY DUDA—RUCK FUNERAL HOME OF DUNDALK INC. 7922 WISE AVENUE DUNDALK MD 21222									
NOI	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, a shock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in desth) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								Approximate interval Between Onset and Death	
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST									
MEDICAL	PART II. Other algnificant condition	ART II. Other algnificant conditions contributing to death but not resulting in the underlying cause					AN AUTOPSY RFORMED? ES 2 1 NO	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PL OTHER:	ACE OF DEATH (Ch	eck only one)				
HYS	1 TYES 2 NO 27. MANNES OF DEATH	1 Inpatient 2 ER/Outp	26b. TIME	OF 28c, INJ	e 5 Residence		OW INJURY OCCUP	RED		
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUF		RK? /ES 2 NO					
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, stn	set, factory, office		28f. LOCATION (S City or Town,	CATION (Street and Number or Rural Route Number, or Town, State)			
COMPLETED	(Orlech Orley	SICIAN: To the best of my know							d manner as stated.	
BE	29b. SIGNATURE AND TITLE OF CERTIFIER				29c, LICENSE NUMBER			29d. DATE SIGNED (Month, Day, Year)		
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 47 06 HARFOLD M., 135LT, Mg 2/2/7									
	31. DATE FILED (Month, Day, Year) MAD 06 1992	92. REGISTRAR'S SIGN	ATURE Rando 90							

DHMH-16 Rev 1/89

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL

	1 - STATE REGISTRAR		OIRIL OI	MULLEY	CERTIF	ICATE OF	DEALIN	ANU I			_		00001
Î	1. DECEDENT'S NAME (First,	Middle, Last)			0211111	TOATE OF	DEA	-	2. DATE OF				3. TIME OF DEATH
	Char	Charles O. Bramhall, Sr.					Mar. 05. 1992			YEAR	S. TIME OF DEATH		
	4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yrs. last birth		IF UNDER 1 YEAR IF UNDER 24 HRS.		Mar. 0		992	A DITT	IPLACE (State or Foreign	
- 1	183-12-8940		1 M 2 D F	-	YRS.	MONTHS DAYS	HOURS	MIN.	(Month, De	ny, Year)		Count	
	9a. FACILITY NAME (If not in					9b. CITY, TOWN	OR LOCATI	011 05 05	106/05	/22_			nsylvani
E								ON OF DE	MIN		9c. COU	INTY OF D	EATH
DIRECTOR	3802 Benson	EDENT	ue			Haletho	rpe				Balt	imore	•
RE	10e. STATE 10b. COUNTY				10c, CIT	Y, TOWN OR LOCA	TION				-		10d. INSIDE CITY
0	Md Baltimore					Haletho	rpe						LIMITS?
AL	10e. STREET AND NUMBER					10	f. ZIP COD	E			10g. CIT	IZEN OF V	WHAT COUNTRY?
EB	3802 Benson Ave.						212:	27			USZ		
FUNERAL	11. MARITAL STATUS					13. WAS DEC	ENDENT (F HISPAN	HC ORIGIN? (S	pecify Yes	or No-	14 BACE	E American Indian,
7	1 Never Married 2 X		FORCES? 1 IF YES, GIVE V	MAR OR DATE	2 NO	If yea, ap	2 X NO	n, Maxica	n, Puarto Ricar	n, etc.)	0	Black	k, White, atc.
ВУ	3 Widowed 4 Divo	rced	1944-1				Z M	арислу				whit	•
띹	15. DECI (Specify only	EOENT'S EDU	CATION completed)	16	a. OECEDENT'S	USUAL OCCUPATI	ON of works		16b. KIN	OF BUS	INESS/IN	1122 00 3	-6
-	(Specify only highest graide completed) Elementary/Secondary (0-12) College (1-4 or 5 +) (Give kind of work done during most of working life. Do NOT use retired.)												
M				B	us Driv	7er			MTA				
COMPLETED	17. FATHER'S NAME (First, Mi	ddle, Last)					18. MOTI	IER'S NAI	ME (First, Middl	le, Maiden S	Sumame)		
BE	Charles Bra	mhall					E	sie	Mowery	U			
TO B	19a. INFORMANT'S NAME (7)	pe/Print)			19b. MAILING	ADDRESS (Street a	and Number	or Rural F	loute Number, C	Ity or Town	, State, Zig	o Code)	
F	Dolores I.	Bramha	all		3802 E	Benson A	ve.	F	Haletho	orne		Md	21227
	20a. METHOD OF DISPOSITION 1 Purisi 2 Cremation	ON		20b. PL	ACE AND DATE	OF DISPOSITION /N	me of	-	OATE		CATION —	City or To	
	4 Donation 5 Other	(Specify)	over from State	Lou	don Par	ther place) k Cemet	erv						MARYLAND
	21. SIGNATURE OF FUNERAL	SERVICE LI	CENSEE			22. NAME A	ND ADDRE	SS OF FAC	Ambro	DED F	hiner	al u	IOTO
	> Joseph	1/2	whee (\mathcal{I}		1328	Sulph	nir 9	pring	Poad	1 Av	butu	ic Md
		/ /	, , ,		1 11 2								13, MAX
	23. PART i. Enter the disehock, or he	ert feilure.	List only one cou	ise on eech	iine.	ot enter the mo	de of dyl	ng, such	as cerdiec	or reepir	atory an	rest,	Approximata interval Between
	IMMEDIATE CAUSE (Fine) disease or condition									Onset and Death			
	resulting in death)								Niney				
			builto	(OIL) A CO	ONSEQUENCE OF	F):							
CERTIFICATION	Sequentially list condition		b	(08 46 4 06	ONSEQUENCE OF								
F	if any, leeding to immed cause. Enter UNDERLY!!		002 10	(On AS A CC	MSECUENCE OF	r):							
윤	CAUSE (Disease or Injur		c. OUE TO	(OR AS A CO	INSEQUENCE OF	FI.							
E	resulting in death) LAST			(MOLEGE OF	<i>r</i> .							
빙		-	d										<u> </u>
	PART II. Other eignificar	t condition	s contributing to	death but	not resulting	in the underlying	ceuse ç	iven in f	Part i. 24a	. WAS AN A		24b.	WERE AUTOPSY FINDINGS
DICAL	#5c	VD							15	PERFORM			AVAILABLE PRIOR TO COMPLETION DF CAUSE
ME									_ '] 100 1	7110		OF DEATH?
2													T TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED IN	MEDICAL				26. PL	ACE OF DE	EATH Che	ck only one)				
S	EXAMINER?		HOSPITAL:	ER/Outpatie	nt 3 🗆 DOA	OTHER:	-						
主	27. MANNED OF DEATH		28a. DATE OF	INJURY	28b. TIM			sidenca (28d. OESCRIB		ILIEN OCC	CLIDED	
		ending	(Month, Di	ey, Year)	INJ	URY WO	RK?	NO		2011	JON 1 000	CONED	
BY	3 Sulaida	rvestigation	28a. PLACE O	F INJURY -	At home, tarm, a	treet, factory, office			281. LOCATION	M /Dimed on	and African have		
COMPLETED		ould not be	building,	atc. (Specify)		,,,			City or Tox	vn, State)	id Number	or Hurai Pa	oute Number,
<u> </u>	29a. CERTIFIER						_						
P P	(Check only	FYING PHYSI	CIAN: To the best of	my knowledg	e, death occurre	d at the time, data	and place,	and dua 1	o the cause(a)	and mann	er an state	ed.	
8			R: On the beals of ax	camination an	d/or investigation	n, in my opinion, d	eath occur	d at the t	ime, data and	place, and	dua to the	e cause(a)	and manner as stated.
BE	296. SIGNATURE AND TITLE	OF CERTIFIER	1000	A	-		29c. LICE	NSE NUM	BER		29d. DATE	E SIGNEO	(Month, Day, Year)
2	Inans	ern	Celle	you	-l		1)	179	673	5	13	3/6/	192
F	30. NAME AND ADDRESS OF	PERSON WH	O COMPLETEO CAUS	E OF DEATH	(ITEM 27) (Type,	Print)	^	.00	1 6	^ /		1	1/ 112
	Manshall	H.L.	evice,1	U.D.	40.00	ola (Low	トナス	di)	wite	301	6.15	x HO, MD.
	31. DATE FILED (Month, Day, M	ear)	. 32. REGISTRA	R'S SIGNATU	RE								
	MAD	6 10	ago gul	lia Davis	loon-Ranc	482							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the blooking physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

DHMH-16 Rev 1/89

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BALTIMORE, MARYLAND	DAM OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	The Flux Man Director was the certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached in the first of the first of the first of the first and Mental Hydione prior to hard cremation for removal	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM CERTIFICA	ENT OF HEALT	H AND MEN	TAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last) Infant Girl	REBACCA ANN	CELANO		2. D/	ATE OF DEATH	AY YE. 27 - 9.	3. TIME OF DEATH 2 // : 59 Am
	4. SOCIAL SECURITY NUMBER n/a	1 🗌 M 2 🛣 F	yrs. last birthday) IF U		DER 24 HRS. 7. DA	TE OF BIRTH lorth, Day, Year) 26-92	0. 6	HRTHPLACE (State or Foreign country)
E E	9s. FACILITY NAME (If not institution, give s University Hos		9b.	Baltimo			9c. COUNTY	OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT	DOLL CLINOIC						10d. INSIDE CITY
DIR	Maryland		Baltimore			TON		
UNERAL	10e. STREET AND NUMBER		101. ZIP CODE					MM YES 2 ☐ NO OF WHAT COUNTRY?
CNE	3216 Northy	Vay Dr.	U.S. ARMED	212		GIN7 (Specific Vo	U.S.	ARACE — American Indian,
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES IF YES, GIVE WAR OR DATE	if yes, specify Cu	ben, Mexican, Puar	to Ricen, etc.)		Black, White, etc. Specify:	
ED	15. DECEOENT'S EDU					16b. KIND OF BU		Thite
COMPLET	(Specify only highest grade Elementery/Secondary (0-12) n/a	College (1-4 or 5+)	Iffe. Do NOT use retii	one during most of wor ed.)	rking			
OMP	17. FATHER'S NAME (First, Middle, Last)		n/a	10 M/	OTHER'S NAME (Firs	n/a		
BEC	Dominic	Celar	no		aureen	st, Middle, Maiden		
0	19e. INFORMANT'S NAME (Type/Print)			RESS (Street end Numb		umber, City or Tow	n, State, Zip Code	son
	Mrs. Maureen C	Lanca	LACEANDDATEOFDIS	Same as		and Proper		
	1 Burial 2 Cremation 3 Rame 4 Donetion 5 Other (Specify)	oval from State comete	ery, crematory or other pi	ace)	1		cation - city o	0-10-10-10
	21. SIGNATURE OF PUNERAL SERVICE LIC	thiste.		22. NAME AND ADDE	RESS OF FACILITY			, Ma
	Konald C Su	hely to		Ruck Tows 1050 York	Rd. Tov	Son. Me	7 2120	4
								Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially liet conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): Cardiac anomaties DUE TO (OR AS A CONSEQUENCE OF): Prematurity DUE TO (OR AS A CONSEQUENCE OF): C. Prematurity DUE TO (OR AS A CONSEQUENCE OF): C. Prematurity DUE TO (OR AS A CONSEQUENCE OF):							
PHYSICIAN: MEDICAL	PART II. Other significant condition	s contributing to death but	not resulting in the	underlying couse	given in Part I.	24s. WAS AN PERFOR 1 X YES 2	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 1 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	071	26. PLACE OF	DEATH (Check only	one)		
HYS	1 YES 2 N NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outpatie		Nursing Home 5 1				
ВУ Р	1 Natural 5 Pending 2 Accident investigation	(Month, Day, Year)	INJURY	WORK?		ESCRIBE HOW I	NJURY OCCURED	· ·
	3 Suicide 8 Could not be delermined	26e. PLACE OF INJURY — building, atc. (Specify)	At home, lerm, street,	factory, office	281. LC	OCATION (Street etty or Town, State)	and Number or Ru	ral Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC DESCRIPTION OF THE CHAPTER O	CIAN: To the best of my knowled R: On the beele of examination as	ige, death occurred at t	he time, date and place	e, and due to the cured at the time, de	cause(e) end man	ner ee stated.	se(e) and manner se stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d.					29d. DATE SIGN	NED (Month, Day, Year)	
-	10. NAME AND ADDRESS OF PERSÓN WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) [HOR BILYK, MO., UNIV. OF MARYLAND HOSPITAL, 22 S. GREENE ST., BALTIMORE, MO. 2120]							
	MAR 0 6 1992	32. MEGISTRAM'S SIGNATU	-Randell					

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FINAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

FINAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in 7, hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

FINAL ITEM 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1. DECEDENT'S NAME (First, Middle, Last) - 2. DATE OF DEATH 3. TIME									3. TIME OF DEATH	
(.	AY	(y			MONTH DAY YEA		1548M			
4. SOCIAL SECURITY NUMBER	JOSEPH FRANCIS CO SOCIAL SECURITY NUMBER S. SEX L. AGE (In vis. les						7. DATE OF BIRTH		PLACE (State or Foreign	
216-20-1828	1 M 2 🗆 F	65 YR	S. MONTHS	DAYS I	HOURS MIN.	1-3-192	or) 7	MAR.	YLAND	
9a. FACILITY NAME (If not institution, give	e street and number)		9b. CITY,	TOWN OR	LOCATION OF E					
UNTUFRSTTY HOSPI	UNIVERSITY HOSPITAL				IMORE C	TTV				
RESIDENCE OF DECEDENT						217				
10e. STATE 10b. COUN			CITY, TOWN O						10d, INSIDE CITY LIMITS?	
MARYLAND	BALTIMOR	E			UNDALK				1 - YES 2 XXO	
10e. STREET AND NUMBER				10f. 2	ZIP CODE		10g. CIT	TIZEN OF W	HAT COUNTRY?	
8234 APT E. N. E				21222				u.s.A.		
11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT E FORCES? Y V IF YES, GIVE WAR	VER IN U.S. ARMED YES 2 NO	13. WAS DECENDENT OF HISPANIC OR If yes, specify Cuban, Maxican, Pue							
3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES	1	YES 2	NO Spec	lly:	,	Specify: 1		
15. DECEDENT'S ED			770 1101141 00	2011212121		Torri constant			WHITE	
(Specify only highest gra	ide completed)	(Give kind	IT'S USUAL OC I of work done o IT use retired.)			16b. KIND O	F BUSINESS/IN	DUSTRY		
Elementary/Secondary (0-12) 1 2TH GRADE	College (1-4 or 5 +)			MOVE	'n	DET	ui ruru	OTER		
17. FATHER'S NAME (First, Middle, Last)	N/A		TEEL W			AME (First, Middle, M	HLEHEM	SIEE	<u>L</u>	
JAMES_CONWAY							wen sumame)			
19a. INFORMANT'S NAME (Type/Print)		10h MAH	ING ADDRESS	(Street	HELEN	HAKE Route Number, City of	Sour Co	6 Ca		
DONNA L. CONWAY									01640	
20a. METHOD OF DISPOSITION		20b. PLACE AND DA	7TH S			AN CITY	MARY LA c. LOCATION —		21842	
1 Buriel 2 Cremation 3 Re 4 Donation 5 Other (Specify)	emoval from State	HILLTOP	or other place)	T OA	ກກ					
21. SIGNATURE OF FUNERAL SERVICE I		ITILLIUP .			ADDRESS OF F		TOWSON	MAK	YLAND	
6-5	20	0	DU	DA-RI	UCK FUN	ERAL HOM	E OF DI	UNDAL	K INC.	
23. PART I. Enter the diseases, Di	r. Co	robber	7	922 (WISE AV	ENUE DU	VDALK I	MD	21222	
fr any, leading to immediate series in the consequence of the conseque										
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a	HE	-um	/		Leon Leon	farli	lero		
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	eDUE TO (OR	AS A CONSEQUENCE	- (M) E OF):	yes	rtive	Part I. 24a. WA	SAN AUTOPSY PRORMED?		WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO	
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31. DATE FILED (Month, Day, Year)

MAR 06 1992

32. REGISTRAR'S SIGNATURE

Faidon-Rondone

Pages 1, 2, 3 should

0, BALTIMORE, MARYLAND 21215-0020	AOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.	TANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examinar must be notified at once
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	MITAL	RAL 72	# 2
	HOSE	FUNE	TANT

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DAY OPHELIA CLAY 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER I YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 1 🗌 M 2 💢 F 63 095-22-6208 YRS. 9-10-28 N.C. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR THE UNION MEMORIAL HOSPITAL BALTIMORE CITY RESIDENCE OF DECEDENT 10a STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MD BALTIMORE 1 KINES 2 | NO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1662 NORTHBOURNE ROAD 21239 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yas or No-if yes, specify Cuban, Maxican, Puerto Rican, atc.) 14. RACE - American Indian, Black, White, atc. FORCES? 1 YES 2 XNO 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 1 TES 2 TENO Specify: BY 3 Widowed 4 Divorced Specify: BLACK ETED 15. DECEDENT'S EDUCATION 16a. DECEOENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 12th DISABLED 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) EARN CLAY INEZ MALON ш 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MARIE D. JACKSON 1662 NORTHBOURNE RD/BALTIMORE, MD 21239 20a. METHOD OF DISPOSITION
1 X Burlal 2 Cremation 3 Removal from State 20b. PLACE AND OATE OF DISPOSITION (Name of 26c. LOCATION - City or Town, Stata OATE 4 Donation 🗸 🗆 Other (Specify) ALLEN CHAPEL CEMETERY ROXESBOURGH, N.C. 21. SIGNATURE OF FUNERAL SERVICE LIGENSEE 22. NAME AND ADDRESS OF FACILITY WM.C.MARCH F.H./1101 E. NORTH AVE. 23. PART i. Enter tha diseases, or complications that caused the desth. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart feiture. List only one ceuse on aech lina. intarvai Batween **IMMEDIATE CAUSE (Finel** Onset and Death disease or condition Squamous all ca melastatic resulting in death) CERTIFICATION Sequentially list conditione, DUE TO (OR AS A CONSEQUENCE OF)if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): thet initieted events resulting in death) LAST PART II. Other eignificant conditione contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24a, WAS AN AUTOPSY PERFORME None 1 YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) HOSPITAL:
1 1 in inpution 2 ER/Outpatient 3 DOA **EXAMINER?** OTHER: 1 YES 2 THO 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY 26c. INJURY AT WORK? 26d. OESCRIBE HOW INJURY OCCUREO 1 Distural 5 Pending 1 YES 2 NO BY 2 Accident Investigation 26s. PLACE OF INJURY - At home, farm, street, factory, office 3 Sulcide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 29e. CERTIFIER
(Check only

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and placa, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) long 3 92 2 30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MCCUL love Bathmore E UNW.

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	2	2	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Ξ

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENI
CERTIFICATE OF DEATH	REG NO

	FOR 1 - STATE REGISTRAR	STATE OF MARYI		IENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.	72 06306		
	1. DECEDENT'S NAME (First, Middle, Last)	-		0. 02/	2. DATE OF DEATH	3. TIME OF DEATH		
1	EMMA DORIS	CURRAN			MONTH DAY	1992 4:25 A M		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	B. BIRTHPLACE (State or Foreign Country)		
	218-18-4002	1 □ M 2 💢 F 6	7 YRS.	NTHS DAYS HOURS MIN.	MAR. 24, 1924	MARYLAND		
or .	99. FACILITY NAME (# not institution, give ST. AGNES HOSPI		96	BALTIMORE	DEATH 9c. (COUNTY OF DEATH		
DIRECTOR	RESIDENCE OF DECEDENT	TAL		DALITHORE				
) H	10e. STATE 10b. COUNT	TY	10c. CITY, T	OWN OR LOCATION		10d. INSIDE CITY		
	MARYLAND BALTIMORE BALT			IMORE LIMITS?				
Z Z	10e. STREET AND NUMBER			101. ZIP CODE	TO STREET OF WHAT COUNTY			
FUNERAL	2838 LOUISIANA A				21227 U.S.A.			
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YES	2 T NO	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic	ANIC ORIGIN? (Specify Yea or No can, Puerto Rican, etc.)	- 14. RACE - American Indian, Black, White, etc.		
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR I	ATES A	1 TES 2 NO Spec				
8	15. DECEDENT'S EDI (Specify only highest grad	JCATION	16a. DECEDENT'S USI	VAL OCCUPATION	16b. KIND OF BUSINESS	I S/INDUSTRY		
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)		done during most of working tired.)				
MP	8TH GRADE		CASH		RESTAURA			
	17. FATHER'S NAME (First, Middle, Last)				AME (First, Middle, Meiden Surner	ne)		
BE	GLAKENGI 19a. INFORMANT'S NAME (Type/Print)	E STEVENS			A JONES			
유	WAYNE H. CURRAN			PRESS (Street and Number or Rural ENNSYLVANIA AV				
	20a. METHOD OF DISPOSITION	201	D. PLACE AND DATE OF D			N — Cify or Town, State		
	1 Denation 5 Other (Specify)	noval from State	LOUDON PAI	RK CEMETERY		IMORE		
	21. SIGNATURE OF FUNERAL SERVICE LI			22. NAME AND ADDRESS OF F				
	1///	1/1/		HUBBARD FUNER		ODE 10 01000		
	23. PART I. Enter the diseases, Dr.	complications that cause	d the deeth. Do not	enter the mode of dying, su	ch ea cardiac or respiratory	ORE, MD. 21229		
4	ahock, or heart fellure:	List Dnly Dne ceuse on e	each line.			interval Between Onset and Death		
	diseese or condition resulting in death)	Cay	duches,	priecey a	Ides 1			
		DUE TO (OR AS	A CONSEQUENCE OF):	3				
NO N	Sequentially list conditions, b							
A I	If any, leading to immediate cause, Enter UNDERLYING	Eur	ce phe a	The les				
트	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	CONSEQUENCE OF):	- 1	,			
CERTIFICATION	resulting in death) LAST	d. Uyg	lo cerre	curs Cos	ف			
AL C	PART II. Other algolificent condition	ne contributing to deeth t	out not resulting in the	ne underlying cause given in	Part I. 24e. WAS AN AUTOP	PSY 24b, WERE AUTOPSY FINDINGS		
ঠ				,	PERFORMED?	AMILABLE PRIOR TO		
MEDIC					1 TYES 2 TNC	OF DEATH?		
ä						1		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	TOO BY		28. PLACE OF DEATH (C	heck only one)			
YSIC	1 TES 2 NO	HOSPITAL; 1 /2 Inpatient 2 ER/Out		HER: Nursing Home 5 Residence	8 Other (Specify)			
H	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJURY AT WORK?	28d. DEŞCRIBE HOW INJURY	OCCURED		
ВУ	2 Accident Investigation	24. SI ACE OF IN ILIPO		M 1 YES 2 NO				
9	3 Suicide 8 Could not be 4 Homicide determined	building, etc. (Spe	/ — At home, farm, stree cify)	i, fectory, office	28f. LOCATION (Street and Nur City or Town, State)	mber or Rural Route Number,		
E	290. CERTIFIER	10111						
COMPLETED				the time, data and place, and du		stated, Io the cause(a) and manner as stated,		
	296. SIGNATURE AND TITLE OF CERTIFIE							
BE	The lucie		Wed 1	Tes (See LICENSE NU	29d.	DATE SIGNED (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE OF DE	ATH (tTEM 27) (Type, Prin	0		3/7/7		
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) A SI LOUP EN CAR - ST ACONES /40-88							
	A.W. Loupe	KUTT -	2////	ONE? 140	70			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN		enes 140	70			



IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MA	ARYLAND / D CEF	EPARTMEN RTIFICAT	T OF HEALTH AND E OF DEATH	MENTA	AL HYGIENE REG. NO.	7 _	00007
	1. DECEDENT'S NAME (First, Middle, Last) Stella			СНАМВІ	ERS	2. DATE	e of DEATH	92	3. TIME OF DEATH 12:15 P M
DIRECTOR	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest b	E (In yrs. last birthday) IF UNDER 1 YEAR IF U		7. DATE	OF BIRTH	8. BI	RTHPLACE (State or Foreign
	212-20-4892	1 🗆 M 2/1 F	71	YRS. MONTHS	DAYS HOURS MIN.		11 15,19		PA.
		Franklin Square Hospital			y, town of location of ROSSV1		94	Bal	timore
		10b. COUNTY 10c. CITY, T			OR LOCATION Middle Ri		10d.		
FUNERAL	100. STREET AND NUMBER 227 Endsleid	227 Endsleigh Ave.			10f. ZIP CODE 21220			10g. CITIZEN OF WHAT COUNTRY?	
BY FUNE	11. MARITAL STATUS 1 Never Married 2 Married 3 NVIdowed 4 Divorced	12, WAS DECEDENT EVER IN U.S. ARMED			WAS DECENDENT OF NISF If yes, specify Cuban, Max 1 YES 2 NO Spe	IN? (Specify Yes or No- 14, RACE		ACE American Indian, llack, White, atc.	
COMPLETED	15. OECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(Give	DENT'S USUAL (kind of work done NOT use retired.) HOUSE—	during most of working	16	b. KIND OF BUSINE	SS/INDUSTR	
COM	17. FATHER'S NAME (First, Middle, Leet) John Tomasze	ewski			18. MOTNER'S	NAME (First,	Middle, Meiden Surr	name)	
TO BE	190. INFORMANT'S NAME (Type/Print) Theresa Harder)	19b. N		S (Street and Number or Run adsleigh AVe		nber, City or Town, Si altimore		
	20s. METHOD OF DISPOSITION X Buriel 2 Cremation 3 Rem 4 Donation 6 Other (Specify)	novel from State		DATE OF DISPO	SITION (Name of	/5/92	TE 20c, LOCAT		r Town, State
	21. SIGNATURE OF FUNERAL SERVICE LIN	CENSEE	11/2	22	NAME AND ADDRESS OF COnnellyFund	FACILITY			
	23. PART I. Enter the diseases of shock, or heert failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Ante	e on each line.	Latera	the mode of dying, so				Approximats Interval Between Onset and Dasth
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. OUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
5		d							
PHYSICIAN: MEDICAL	PART II. Other algorificant condition	onditions contributing to death but not resulting in the underlying ceuse give					24s. WAS AN AUT PERFORMED 1 TYES 2 T	07	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
AN	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)								
SIC	EXAMINER?	HOSPITAL:	ER/Outpetient 3 🗆	DOA 4 Nu	R: rsing Home 5 - Residenc	6 🗆 Oth	er (Specify)		
	27. MANNER OF DEATH 1 X Natural 5 Pending	26s. DATE OF IN (Month, Day,		6b. TIME OF INJURY	26c. INJURY AT WORK?	1	28d. DESCRIBE HOW INJURY OCCURED		
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Nomicide determined	28e. PLACE OF building, et	1 1 1E3 2 NO				281. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
PLET	29a. CERTIFIER 1 CERTIFYING PNYS	ICIAN: To the best of m	ry knowledge, death	occurred at the	time, date and place, and d	us to the co	use(s) and manner	na stated	
COMPLETED	one) 2 MEDICAL EXAMINE	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated.							
TO BE	296. SIGNATURE AND TITLE OF CERTIFIES	Kuce	a-R	lories	29c. LICENSE N	DAPH:	2-1376	d. DATE SIGN	NED (Month, Day, Year)
		era-Mori			ANKLIN SQ	. DR	. BALTO	D. MD	. 21237
	MAR 06 1992	June wayds	's signature						

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24
5	OR
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	FOR	STATE OF I	MARYLAND / DEPAF	TWENT OF H	AITH AND	MACHITAI UVOICA		06308				
	1 - STATE REGISTRAR	Ultil, VI		ICATE OF		REG. NO	_					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	AV YEAR	3. TIME OF DEATH				
	THELMA	Α.	(CROSS		0 2 2 9	9 2 EAR	10:30 A _M				
	4. SOCIAL SECURITY NUMBER	5. SEX 1 M 2 X F	8. AGE (In yrs. last birthday) 61 YRS.	F UNDER t YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 8-13-1930	THPLACE (State or Foreign ntry)					
	Sa. FACILITY NAME (If not institution, give a	street and number)	0.2	9b. CITY, TOWN OR	LOCATION OF DE		9c. COUNTY OF	LTIMORE, MD.				
TOR	2930 GARRISON	BLVD.		BALTIMO	RE							
DIRECTOR	10a. STATE 10b. COUNT	Υ	10c. CIT	Y, TOWN OR LOCATION BALTIMOR		IAND		10d. INSIDE CITY LIMITS? 1 V YES 2 NO				
	10e. STREET AND NUMBER				IP CODE	LAND	10g, CITIZEN OF	WHAT COUNTRY?				
FUNERAL	2930 GARRISON BI	LVD. API	. A	2.	1216		USA.					
15	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARMED YES 2 XNO	13. WAS DECE	NDENT OF HISPAN	NIC ORIGIN? (Specify Yes		CE — American Indian, ick, White, etc.				
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, OIVE V			ITY Cuben, Mexica LINO Specify	n, Puerto Rican, etc.) y:	Spo	eck, White, etc. ec/ly: ACK				
	15. DECEDENT'S EDU (Specify only highest grade		(Give kind of	USUAL OCCUPATION	of working	16b. KIND OF BU	SINESS/INDUSTRY	21010				
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	His On MOT II	se retired.)	or working							
N N	17. FATHER'S NAME (First, Middle, Lest)		CODIETO									
	RICHARD SMITH					ME (First, Middle, Melden	Surname)					
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street and	ALICE	CHASE Route Number, City or Tow	on State 7in Code)					
5	ESTHER C. SMITH					BALTIMORE,		39				
	20a. METHOO OF DISPOSITION 1-10 Burlal 2 Cremation 3 Rem		20b. PLACE AND DATE	OF DISPOSITION (Nam			CATION — City or					
	4 Donation 5 Other (Specify)	oval from Stata	MT ZION			RAT	TIMORE	MARYLAND_				
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	0-	22. NAME AND	ADDRESS OF FA	CILITY √N JR. FUN!	,					
	I C'HOW	~ V	Dr.					P.O. BOX 4433				
	23. PART I. Enter the diseases, or o	complications the	t caused the death. Do					Approximata				
	shock, or heart fellure. List only one ceuse on each line. Interval Between Ones and Death											
	disease or condition resulting in death) a. Hymniersw like yellow conduction with											
	ONE AS A CONSEQUENCE-OF):											
NO NO	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):											
ERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DOC 10	(OH AS A CONSEQUENCE OF	r):								
E	CAUSE (Disease or Injury that Initiated events	CDUE TO	(OR AS A CONSEQUENCE D	F):								
F	resulting in death) LAST	d										
0	PART II. Other algorificent condition	a contribution to	death but not resulting	In the underlying	seuse slues le	Book I. Loc. Mag and						
MEDICAL	PART II. Other algorificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a, WAS AN AUTOPSY PRINCIPLY FINDINGS AMILLABLE PRIOR TO COMPLETION OF CAUSE											
	Chrone-11	In live !	w Rolme	to Die		- 10 les 2	NO NO	OF DEATH?				
≥	Charle !!	Cipo la Co.	0	1 pme		- nen	LY 6	1 YES 2 NO				
N N	25. WAS CASE REFERRED TO MEDICAL			26. PLA	CE OF OEATH (Che	eck only one)						
Sic	EXAMINER?	HOSPITAL: 1 Inpatient 2	ER/Outpatient 3 DOA	OTHER: 4 Nursing Home	5 X Residence	6 Other (Specify)						
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF (Month, D			TY AT	28d. OEŞCRIBE HOW I	NJURY OCCURED					
ВУ	Accident 5 Pending Investigation	(inoral, p	, , , , , , , , , , , , , , , , , , ,		S 2 NO							
	3 Suicide 6 Could not be	28e. PLACE O building,	F INJURY — At home, farm, satc. (Specify)	street, factory, office		261. LOCATION (Street a City or Town, State)	and Number or Rura	Floute Number,				
	4 Homicide datarmined											
필			my knowledge, death occum									
COMPLETED	One) 2 MEDICAL EXAMINE	R: On the basis of a	camination and/or investigation	n, in my opinion, dea	th occured at the	time, data and place, en	d due to the cause	(s) and menner as stated.				
ш	29K SIGNATURE AND SITEE OF CERTIFIED	1		1	9c. LICENSE NUN	IBER	29d. DATE SIGNE	D (Month, Day, Year)				
TO B	10/10				O.C.M	. E .	▶ 03/0	1/92				
F	SO, NAME AND ADDRESS OF PERSON WH	O COMPLETEO CALL										
	MINNA .	July 1	111 PENN S	TREET. B.	ALTIMO	RE, MARYL	AND 212	201				

32 REGISTRAR'S SIGNATURE 1992 Julia Davidson

MAR 6

STREET, BALTIMORE, MARYLAND

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1 -	FOR STATE REGISTRAR
1, 0	ECEDENT'S NAI

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	1 - STATE REGISTRAR	OIAIL OI MANILAN	CERTIF	ICATE OF		MENIA	REG. NO.	_	32 06309				
	1. OECEDENT'S NAME (First, Middle, Last)					2. DATE MONTE	OF DEATH		YEAR 3. TIME OF DEATH				
	STANL	DORSEY					H 1,19		7:38a.m. M				
	0.001 1.00	SEX 6. AGE (In y	rs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE	OF BIRTH		a. BIRTHPLACE (State or Foreign —Country)				
	99. FACILITY NAME (If not institution, give street		2 YRS.				Day, Year)	07	BAlto. Ma				
œ	THE TOUNG HODVING HOODINAT												
6	RESIDENCE OF DECEDENT	HOSPITAL		BALTIMOR	RE CITY			BALT]	MORE CITY				
DIRECTOR	10a. STATE 10b. COUNTY	214		10d. INSIDE CITY									
	Ma.			BAITI	MORT	-, -	SITY		1 YES 2 NO				
RAL	100. STREET AND NUMBER	E SI		10	. ZIP CODE	10	-	10g. CITIZ	EN OF WHAT COUNTRY?				
FUNERAL				2 30	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No. 14. RACE - American								
	1 Never Married 2 Merried	2. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO	If yes, sp	ecify Cuben, Mexic	en, Puerto F	l? (Specify Yee Rican, etc.)	or No-	14. RACE — American Indian, Black, White, etc.				
В	3 Wildowed 4 Divorced	IF TES, GIVE WAR OR DATE:	•	1 L YES	2 NO Spec	elfy:			Spoot Black				
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor	ION 16-	e. DECEDENT'S	USUAL OCCUPATION	ON est of working	16b.	KIND OF BUS	SINESS/INDU	ISTRY				
Ë	Elementary/Secondary (0-12)	College (1-4 or 5+)	itte. Do NOT us	se retired.)			,						
ME	17. FATHER'S NAME (First, Middle, Last)												
	Charles A	DARROW			18. MOTHER'S N	AME (First AV	Aiddle, Maiden	Surname)	20011				
BE	19a. INFORMANT'S NAME (Type/Print)	1,0123 24	19b. MAILING	ADDRESS (Street	D K C	Bouts Musel	# U	HCH	SON				
5	BRENDA DORS	ev JACKSON	123	3 ARON	1- AUZ	= B	Alto	M Care	21217				
	20s. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remova	20b. PL	ACE AND DATE O	OF DISPOSITION INC	me of	DATE	20c. LO	CATION — C	Ity or Town, State				
	4 Donation 5 Other (Specify)	We	y, cremetory or of	STAR		3/5	An C	/-	NSVIlle Md				
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE		13 ROG	D ADDRESS OF F	ACILITY	its.	EH					
	WML Bu	ron		100	6 11 6	MAD	toby 1	tue					
	23. PART I. Enter the diseasea, or con shock, or heart failure. Lia	plicetions thet ceused th	e death. Do n	ot enter the mo	de of dying, au	ch ea cerd	lec or respli	ratory srre					
	IMMEDIATE CAUSE (Final	- 11			,				interval Between Onset and Death				
	disease or condition resulting in deeth) s. Central nervous system mass / month												
O	Sequentially list conditions, b.	DUE TO (OR AS A CO					/ month						
YAT	if any, leading to immediate cause. Enter UNDERLYING	AINS	NOLUGENCE OF	<i>1</i> ·					4 4				
Ĕ	CAUSE (Disesse or injury thet initiated events	OUE TO (OR AS A CO	NSEQUENCE OF	7):					mming				
CERTIFICATION	resulting in death) LAST												
- 1	PART II. Other aignificent conditions of	ontributing to death but r	not resulting i	n the underlying	Cause alven in	Port i	24- 1400 411	ALITANAV					
CAL	Renal failur		iot resulting i	m the underlying	d canse Aiseil ii	Pert I.	PERFORI	MEO?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE				
입							1 YES 2	□ NO	OF DEATH?				
PHYSICIAN: MEDI						- 1			1 - YES 2 NO				
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			28. PL	ACE OF OEATH (C	heck only one	1)						
YSI(1 YES 2 NO	OSPITAL: Inpetient 2 - ER/Outpetler	nt 3 🗆 DOA	OTHER: 4 Nursing Hom	5 Reeldence	6 Other	(Specify)						
H	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Yeer)	28b. TIMI		URY AT	26d. DE\$0	CRIBE HOW IN	JURY OCCU	RED				
B	2 Accident Investigation				ES 2 NO								
ED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — A building, etc. (Specify)	treet, fectory, office		281. LOCA City o	TION (Street earl Town, State)	nd Number or	Rurel Route Number,					
Ш	290. CERTIFIER												
MPL	(Check only CERTIFYING PHYSICIAL	N: To the best of my knowledge	e, death occurre	d at the time, date	end place, end du	e to the cout	e(s) end meni	ner ee atated					
2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and menner as at the signature and title of Certifier													
BE	Must	1			29c. LICENSE NU	MBER		29d. DATE 5	SIGNED (Month, Day, Year)				
2	35. NAME AND ADDRESS OF PERSON WHO CO	DMPLETED CAUSE OF GEATH	(ITEM 27) (Type	Print)				- //	1/92				
	The second secon												
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGNATUR											
	MAR 0.6 1992	Tuna Davida	1- Brondal	30									

Street William College College

BALTIMORE, MARYLAND 21215-0020	ours after death. Page 6 may be retained by the hospital or attending un-	in by the funeral director, page 5 should be detached for use as the write if removal.
U	n 24 ho	ly filled ation, o
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physicians.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the unitary be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	1 - STATE REGISTRAR	STATE OF MARYLAI	ND / DEPARTM			MENTAL HYGI		00310			
	1. DECEDENT'S NAME (First, Middle, Last) SOPHIE	C.	Dem.	MA		2. DATE OF DEATH	DAY Y	an 2 % AN			
	163 14 8723 Se. FACILITY NAME (If not institution, give stre	1 ☐ M 2 ☑ F 7 6	YRS. MOI	CITY, TOWN OR L		ATH	0,19 L5				
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	Ardens Nuk		Kansi WN DR LOCATION		N	Mon	tgomery			
		ntgomery		nsingt	on			10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	3000 McComas A	lve,		10f, ZI	20895	5	USA	OF WHAT COUNTRY?			
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Delivered	12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2) E3N9x	If yes, specif		IIC DRIGIN? (Specify n, Puerto Rican, etc.)	Yes or No- 14.	RACE — American Indian, Black, White, etc. Specify: Caucasian			
OMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade on Elementary/Secondary (0-12)		Ille. Do NOT use ret	done during most of	working !		BUSINESS/INDUS	nployed			
BE CON	17. FATHER'S NAME (First, Middle, Last) Michael Catoris				MOTHER'S NA	ME (First, Middle, Maid Ince Una					
TO B	19e. INFORMANT'S NAME (Type/Print) Michael Demma		196. MAILIND ADD	mbia,=	Number or Rural F Md.	Route Number, City or	lown, State, Zip Co.	de)			
must be	20a, METHOD OF DISPOSITION 20a Burial 2 Cremation 3 Removi		ACE AND DATE DISPOSITION (Name of ry, cremetory or other place) enwood Memorial Park DATE 20c LOCATION — City or Town, State Latrobe, Pa.								
examiner	21. SIGNATURE OF IMPRETAL BERVICE LIGHT)		22. NAME AND A IVES Ar		on Fune	ralolo	omes			
Injury, or other traumatic event, the medical examiner must be notified at once, AL CERTIFICATION TO BE COM	Approximately list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Approximately list conditions, and consequence of the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, and cause on each line. Approximately list cause (Final disease) or conditions, and cause on each line. Approximately list cause (Final disease) or conditions, and cause on each line. Approximately list cause or conditions, and cause on each line. Approximately list cause or conditions on each line. Approximately list cause or conditions on each line. Approximately list cause or conditions on each line. Approximately list cause or conditions on each line. Approximately list cause or conditions on each line. Approximately list cause or conditions on each line. Approximately list cause or cause on each line. Approximately list cause or cause on each line. Approximately list cause or cause on each line. Approximately list cause or cause on each line. Approximately list cause or cause on each line. Approximately list cause or cause on each line. Approximately list cause or cause on each line. Approximately list cause or cause on each line. Approximately list cause or cause on each line. Approximately list cause or c										
MEDIC	PART II. Other significant conditions	PERI	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO							
SICIAN:		HOSPITAL:		HER:	OF OEATH (Chi						
PHY	27. MANNER OF OEATH 1- Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJURY WORK?	AT	9 Other (Specify) 28d. OESCRIBE HO	W INJURY OCCUR	EO			
2 E	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm, street			281. LOCATION (Stree City or Town, Str	et and Number or F ite)	Bural Route Number,			
ODMPLET		AN: To the best of my knowleds						suse(s) and menner as stated.			
TO BE OF	290. SIGNATURE AND VITLE OF CENTURER 20. NAME AND ADDRESS OF PENGON WHO		w	-	DOS	544	29d. DATE SH	3/92			
- 0		no, M.D.	Rockvi	lle, M	d.						
	- AAD 6 10		vidson-Alande	282							
	D111-311	4						DHMH-18 Rev 1/8			

MARYLAND 21215-0020

BALTIMORE,

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CERTIFICATION

MEDICAL

PHYSICIAN:

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TO THE PUMERAL Se find within 72 IMPORTANT. II

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within BOX 68760, P.0. DIVISION OF VITAL RECORDS,

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH MONTH 3 YEAR John H. DeCheubel 0605 92 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 17/16/22 213-16-6253 1 M 2 | F 70 Md. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR St. Agnes Hospital Baltimore RESIDENCE OF DECEDENT 10a. STATE 10h COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Anne Arundel Hanover 1 YES 2 NO 10a STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 7140 Ohio Avenue 21076 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuban, Maxican, Puarto Rican, atc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married 3 Widowed 4 Divorced 1 TES 2 NO Specify. Specify. LIWW white ETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade compl Elementary/Secondary (0-12) College (1-4 or 5 +) 12 Supervisor Whiting-Turner 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Surneme) Hugo J. DeCheubel Sarah M. James 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Clarice A. DeCheubel 7140 Ohio Avenue, Hanover, Md. 20e. METNOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 3/0 20c. LOCATION - City or Town, State 2 Cremation #3 Removal from State Meadowridge Memorial Park Donation 5 C Other 9 ecity) Elkridge, Maryland 21. SIGNATURE OF FUNE PAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Gary L. Kaufman Funeral Home many 0 5695 Main St., Elkridge, Md. 23. PART I. Enter the diseases of complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory arrest, ehock, or heart fellure. List only one cause on each line. Approximete interval Between **IMMEDIATE CAUSE (Final** Onset and Death disease or condition CHF reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): SIP MI Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate HOP cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE 1 YES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 TYES 2 NO 1 Impatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending Investigation 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, lactory, office building, atc. (Specify) 3 Sulcide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 Homicide 29s. CERTIFIER

(Chart only

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the beale of axamination end/or investigation, in my opinion, death occured at the time, data and piece, and due to the ceuse(a) and manner ee stated. 96. SGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) COSTDRANGOS ST. DON NOY 46 MEDICOC PERIANT 3/5/92 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Dr. Costarangos, St. Agnes Hospital, Wilkens & Caton Avenues, Balto., Md. 21229

32. REGISTRAR'S SIGNATURE

I free warracon- Mandalle

31. DATE FILED (Month, Day, Year)

MAK U 6 1992

118-11 67

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

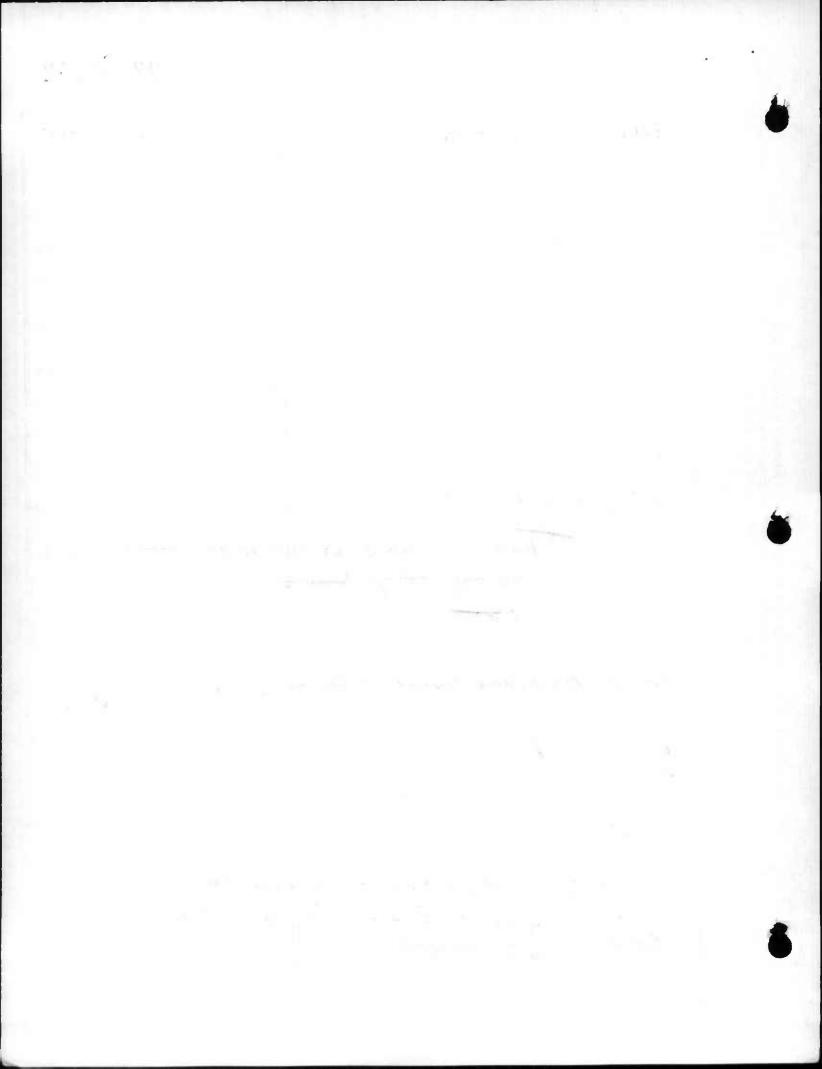
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

									Q	2	06312
	1 - FOR STATE REGISTRAR	STATE OF MAI	RYLAND / DEPAI CERTIF	RTMEN	T OF H	HEALTH DEAT	AND ME	NTAL HYGIE	ENE	_	71600
1	1. DECEDENT'S NAME (First, Middle, Lest	10-11	50				2.	DATE OF DEATH	4	¥EAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX / 6.	AGE (In yrs. last birthday)					_3	770		10:481
	218-05-5561	1 🖾 M 2 🗆 F	71 YRS.	MONTHS	DAYS	HOURS	24 HRS. 7. MIN.	Month, Day, Year)		Country	
	9e. FACILITY NAME (If not institution, give	street and number)	7.1	9b. CIT	Y, TOWN	OR LOCATIO	ON OF DEATH	9-15-19	9c. COUNT		/land
715	UNION MEMORIAL HO	SPITAL		BAL	TIMO	RE CI	TY				
2	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	TY	10.00	W TOWN	00.000						
DIRECTOR	Maryland			T, IOWN	OR LOCA	ION		Baltimo	ore		10d. INSIDE CITY LIMITS?
A.	10e. STREET AND NUMBER			-	10	. ZIP CODE				N OF W	1XXYES 2 ☐ NO
FUNERAL	123 W. 29th Stre	et	21	1218		U.S					
15	11. MARITAL STATUS	12. WAS DECEDENT EV	YER IN U.S. ARMEO	13	. WAS DEC	ENDENT O	F HISPANIC C	ORIGIN? (Specify uerto Rican, etc.)		4. RACE	- American Indian
BY	1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES		1 TYES	2 N NO	Specify:	verto Hican, etc.)		Specifi	White
	15. DECEDENT'S EDI	UCATION	WWI.T	USUAL	OCCUPATION)N		T 165 VIND OF 6	USINESS/INDUS	n Tony	WILLE
E.	(Specify only highest grad Elementary/Secondary (0-12)	(completed) College (1-4 or 5 +)	(Give kind of life. Do NOT u	g	IOD. KIND OF	OSINESS/INDO	SIMI				
COMPLETED	12th			Vendin	g						
	17. FATHER'S NAME (First, Middle, Last)			AME (First, Middle, Maiden Surneme)							
BE	Irving Dandy 190. INFORMANT'S NAME (Type/Print)	ertina Evert oute Number, City or Town, State, Zip Code)									
5	Mr. David E. Dar	ndv	32.2.1	ROS	salie	AVE1	or Rural Route	Number, City or 1	own, State, Zip Co	ode) vz1 at	nd 21234
	20g. METHOD OF DISPOSITION		20h PLACEANDDATE	OF DISPO	SITION (A)	me of			LOCATION — CIT		
	1 XBurial 2 Cremetion 3 Ren 4 Donation 5 Other (Specify)	noval from State	cemetery, crematory or of Dulaney	ther place	lev	Мето	rial 3	3/9 Cc	ckeysv		
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	.)	22	NAME AP	D AOORES	S OF FACILIT	Burgee	-Henss	Fur	neral Home
Ш	July Hen	so larger	ntu	3	3631	Fall	s Road	l Balti	more,	MD	21211
	23. PART I. Entar the diseeses, or shock or heart failure.	List only one ceuse	used the deeth. Do i on each line.	not enta	r the mo	de Df dyli	ng, such as	cerdiac pr res	piratory arres	it,	Approximata interval Betwee
1 1	iMMEDIATE CAUSE (Final disease or condition	Palma	ay Ems	die	1.	- 0		1	+1	4	Onset and Daet
	resulting in daeth)		AS A CONSEQUENCE D		V	1	eo co	c m	TITOM		WINNIS
Z	Sequentially list and distance	a Coron	nay Ar A	9	Gira	ens	ETHI	odbo	Phlei	67	4
E	Sequantielly list conditions, if eny, laading to immediate cause. Enter UNDERLYING	DUE TO (OR	AS & CONSEQUENCE OF	F)					V		
RTIFICATION	CAUSE (Disease or injury that initiated events	c. DUE TO (OR	AS A CONSEQUENCE OF	D.							
E	resulting in death) LAST	4		,.							İ
S	PART II. Other significant condition	ne contribution to do	at- t								
MEDICAL	Possiala m	< babble	Ce AMAL	in tha u سد	nderlying	cause g	iven in Part	i. 24a. WAS / PERF	N AUTOPSY ORMED?		WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
ED		110011900	Corca		N	cry		1 W YES	2 NO		COMPLETION OF CAUSE OF DEATH?
								Na	X.		VES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	110000174				ACE OF OE	ATH (Check o	nly one)			
YSI	1 YES 2 NO	HOSPITAL:	Outpatient 3 DOA	OTHE 4 □ Nu		o 5 □ Res	sidence 6 🗆	Other (Specify)			
	27. MANNER OF DEATH 1 Natural 5 Pending	(Month, Day, Ye		E OF URY		RK?		I. DESCRIBE HOW	INJURY OCCUP	PED	
ВУ	2 Accident Investigation 3 Suicide & Could not be	28e, PLACE OF IN.	JURY — At home, ferm, a			ES 2		LOCATION (Com-	A and March and	0	
TED	4 Homicide 6 Could not be determined	building, etc. ((Specify)		, write		261	City or Town, State	n enu Number or le)	nunti Ho	ute Number,
MPLET	290. CERTIFIER 1 CERTIFYING PHYS	IICIAN: To the best of my is	nowledge, death occurre	ed at the	lime, date	end place	end due to th	e cause(s) and m	noner as stated		
COM		ER: On the basis of examin									and manner as stated.
SE C	29b. SIGNATURE AND TITLE OF CERTIFIE		100		0.1		NSE NUMBER				Month, Day, Year)

30 32. REGISTRAR'S SIGNATURE
JUNA DAVIDSON-Randall

1992

Boltman MP



∕-	98	
BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the human transbe filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	executed with and comple o burial, crea	natic even
). BOX	g physician iene prior to	ther traun
S, P.C	the attendin Mental Hyg	lury, or o
COR	uires that the signed by 1 Health and	ws any in
TAL RE	The law requested has been to Dept. of	ım 23 sho
DF VIT	rysician; is certifical ith the Sta	ed, or ite
SION	ENDING PHIR: After this	is mark
DIVIS	AL DIRECTO	If Item 28
	IE FUNERA M within 72	HTANT:
	5 5 3 5 4 5 8	IMPO

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

HEGISTRAR			C	EKIIF	CALE	OF	DEATH		REG. NO			
1. DECEDENT'S NAME (First, KATH)	ERINE	GOLDSBOR	OUGH 1	EPPLE	R	١,		2. DAT	E OF DEATH	AV D	YEAR 3	6: 53A
4. SOCIAL SECURITY NUME	ER	5. SEX	B. AGE (In yrs. le	st birthday)	IF UNDER 1		IF UNDER 24 HRS	7. DATI	OF BIRTH			ACE (State or Foreign
216-20-2837		1 M 2 F	66	YRS.	MONTHS	DAYS	HOURS MIN.	9-	th, Day, Year)		Mary	land
9a. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. CITY,	TOWN O	LOCATION OF	DEATH		9c. COU	NTY OF DEAT	
Hurley Nur	sing H	lome			Ess	sex				Baltimore		
RESIDENCE OF DEC	EDENT			,						1-		
10a. STATE	10b. COUNTY			10c. CITY, TOWN OR LOCATION							10	d. INSIDE CITY
Maryland	Balt	imore		1	Luthe	ervi	lle				1	LIMITS?
10a. STREET AND NUMBER						101.	ZIP CODE			10g. CITI	ZEN OF WHA	T COUNTRY?
8212 Tally	Ho Ro	ad					21093	3		U	SA	
11. MARITAL STATUS	ν	12. WAS DECEDENT FORCES? 1	EVER IN U.S. A	RMED	13. W	AS DECE	NOENT OF NISI	PANIC ORIGI	N? (Specify Yes	or No-	14. RACE -	American Indian, /hite, stc.
3 Widowed 4 Divo		IF YES, GIVE WA			i ii	☐ YES	city, Cuban, Mex 2 (140) Spe	offy:	rucan, etc.)		Specify:	White
	EDENT'S EDU		16a. Di	ECEDENT'S	USUAL OCC	CUPATIO	N of wording	16	b. KIND OF BU	SINESS/INC		11200
Elementary/Secondary (0		College (1-4 or 5+)	MA	Sive kind of w a. Do NOT use	retired.)	ring mos	or working					
	1	4		Но	memak	er			N/A			
17. FATHER'S NAME (First, M	iddle, Last)						18. MOTNER'S	NAME (First,	Middle, Maiden	Surname)		
William Y	erbury	Goldsbor	ough				Marc	ia Pe	rkins			
19a. INFORMANT'S NAME (7)	/pe/Print)		19	b. MAILING	ADDRESS (Street en	d Number or Rur	al Route Nun	nber, City or Tow	n, State, Zip	Code)	
William B	. Eppl	.er	8	212 T	ally	Но	Road Lu	uther	ville,	Mary	land	21093
20a. METNOD OF DISPOSITI	ON Boo	and from Cast		ANDDATEO				DA	TE 20c. LO	CATION -	City or Town,	State
4 Donation 5 Other	(Specify)	over from State	Druid	Bidg or oth	rer place) e Cem	ete	ry	3/	Pike	esvil	le, M	aryland
21. SIGNATURE OF FUNERAL	SERVICE LIC	ENGEE /	- 1	3	-		ADDRESS OF	FACILITY				
summs)	HAR	nmer	na 12			-00	_		ell-Wie			
23. PART I. Enter the di		n Xenakis			6.5	000	YOTK RO	oad B	artimo	re, M	ary La	nd 21212
immediate Cause (Fin disease or condition resulting in death)	part lallure.	a. Pos	R AS A CONSE	rz.								Interval Between Onset and Death
	_		Ne	inso								
Sequentially list conditi	ons,	DUE TO (O	AS A CONSE	OUENCE OF):							
cause. Enter UNDERLY	NG											
CAUSE (Diseese or injusted initiated eventa	y	DUE TO (O	R AS A CONSE	QUENCE OF):							
resulting in death) LAS		d										
DART II Osh1 Mi	a a series											
PART II. Other significan	nt condition	a contributing to de	eeth but not	reaulting is	the und	erlying	cause given	in Part I.	24a. WAS AN PERFOR			RE AUTOPSY FINDINGS AILABLE PRIOR TO
									1 - YES 2	□ NO		MPLETION OF CAUSE DEATH?
											1 (YES 2 NO
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	Noone:				_	CE OF DEATH (Check only o	ne)			
1 YES 2 NO		HOSPITAL: 1 ☐ Inpatient 2 ☐ E	R/Outpatient 3	DOA	OTHER:		5 - Residenc	• 6 🗆 Oth	er (Specify)			
27. MANNER OF DEATH		28a. DATE OF IN		28b. TIME	OF 2	Sc. INJU	RY AT	T	SCRIBE HOW I	NJURY OCC	CURED	
	Pending nvestigation	(Month, Day,	rear)	INJL	M	WOR	K? S 2 NO					
a C a sista	Could not be	28e. PLACE OF	NJURY — At he	ome, farm, st	reet, tactor	y, office		281. LO	CATION (Street a	and Number	or Rural Rout	Number.
	letermined	building, at	u. (apecity)					City	or Town, State)			
29a. CERTIFIER 1 CERTI	EVING DUVE	CIAN: To the heat of	u knowleder 1	ath ac-	4 =4 44 = 11							
		CIAN: To the best of m										d manner as stated.
296. SIGNATURE AND TITLE	OF CERTIFIER	-					29c. LICENSE N	UMBER		29d, DATI	SIGNED (M	onth, Day, Year)
Duck	-Mr	- (2)	9 -				12-1			•	3-0-	61
30. NAME AND ADDRESS OF	PERSON WNO	O COMPLETED CAUSE	OF DEATH (ITE	M 27) (Type, .	Print)					-	3	16 -
Donato A.						Balt	imore,	Mary	land 2	1206		
31. DATE FILED (Month, Day,)	The second	32. REGISTRAR'S										
	MAR	6 1992	Julia	Savids	- Ban	4.00						
	-		11	A PANAS		100						

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Export the control of the time that been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be fined within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT, if them 28 is marked, or from 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF I		BCO 4	NE	00314					
	1. DECEDENT'S NAME (First, Middle, Last) MACK Fi	erst M	ACK WILS		RST	2. DATE OF DEATH MONTH	2-28-92	3. TIME OF DEATH					
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. lest birthdey)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 1-01-19		BIRTHPLACE (State or Foreign Country)					
-	Sa. FACILITY NAME (If not institution, give a	•		9b. CITY, TOWN	OR LOCATION OF D			Y OF DEATH					
DIRECTOR	University Hosp	ital		Balt	imore			na					
EC	10s. STATE 10b. COUNT	Υ	10c. CITY	, TOWN DR LOCA	TION			10d. INSIDE CITY					
ā	Maryland	na		Balti	more			LIMITS?					
AL	10e. STREET AND NUMBER	Diamo	stic Con	tor 10	1. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?					
FUNERAL	Maryland Penite	ntiary EMadis	son Stree	et	21202								
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES		13. WAS DE	CENDENT OF HISPA	NIC ORIGIN? (Specify) an, Puerto Rican, stc.)	fes or No- 14	I. RACE — American Indian, Black, White, etc.					
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D			2 NO Speci			Specify: White					
	15. DECEDENT'S EDU	ICATION	16a. DECEDENT'S	USUAL OCCUPATI	ON	145 KIND OF B	USINESS/INDUS	TOV					
E	(Specify only highest grade	completed) College (1-4 or 5+)	(Give kind of w life. Do NOT us	rork done during m e retired.)	ost of working	IOD. KIND OF E	OSINE22/INDO2	OIRT					
릴	Grammer	Soliege (1-0 0) 5 7)											
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S N	AME (First, Middle, Maide	en Sumame)						
BE			(Orph	an)									
0	19a, INFORMANT'S NAME (Type/Print)				and Number or Rural	Route Number, City or R	own, State, Zip Co	ode)					
F	Mrs Campbell StepDaug 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)												
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Rem 4 Donation 6 Other (Specify)	noval from State 20b	PLACE AND DATE One tery, crematory or other	F DISPOSITION (N her place)	ame of	DATE 20c. I	OCATION — City	y or Town, Stata					
	21. SUGNATURE OF NUMERAL SERVICE LICENSEE ROnald Wade, Dir 22. NAME AND ADDRESS OF FACILITY State Antomy Board												
7	3/4/92 655 W. Baltimore St, Balto.,MD 21201												
1	23. PART I. Enter the diseases, or i	complications that caused	the death. Do n										
-	28. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, pr heart failure. List pnly one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):												
		DUE TO (OR AS A	CONSEDUENCE OF):									
Z	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEDUENCE OF):												
Ĕ	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Industry)												
CERTIFICATION	Chicago of many		CONSEDUENCE OF		1 STOSE								
Ē	that initiated eventa resulting in death) LAST	DOE TO (DR AS A	CONSEDUENCE OF	j:									
핑		d											
A	PART II. Other algnificent condition	ne contributing to deeth b	out not resulting li	n the underlyin	g cause given in		N AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO					
음						1 🗀 YES		COMPLETION DF CAUSE OF DEATH?					
MEDIC								1 TES 2 NO					
z													
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26, P	LACE OF DEATH (C)	heck only one)							
ΥS	YES 2 ND 27. MANNER OF DEATH	Inpetient 2 ER/Outp		4 - Nursing Hon		6 Other (Specify)							
	Natural 5 Pending	(Month, Day, Year)	28b, Time INJU	JRY WO	URY AT	28d. DESCRIBE HOW	INJURY OCCUR	RED					
ВУ	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY	- At home form of		YES 2 NO	201 1 00471011 (0)							
TED	4 Homicide 6 Could not be detarmined	building, etc. (Spec	offy)	riest, factory, offic		28f. LOCATION (Stree City or Town, Stat	t and Number or : (a)	Hural Houte Number,					
COMPLET	29e. CERTIFIER Check only	ICIAN: To the best of my know	ledge, death occurre	d at the time, date	and place, and due	to the cause(a) and m	enner as stated.						
OM								ause(s) end menner ee stated.					
	296. SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NU			IGNED (Month, Day, Year)					
) BE	/Jan J.	Jele MD				1	D 7	129/92					
5	30. NAME AND ADDRESS OF PERSON WH		ATH (ITEM 27) (Type,	Print)	-								
	GARY J. GA												
	MAR & 1992 Su	ha Javidson-Ran											
	111111111111111111111111111111111111111	and word (mode) and last	The state of the s										

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THE FINENAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FINENAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be the min 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Nem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

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OF VI	PHYSICIAN.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OR ATTENDING PHYSICIAN: The law requires that the death pertitions to executed within 24 to
7	OR

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, I	Middle, Lest)								2. DATE OF DEATH	3. TIME OF DEAT	TN		
	CHUNG-HSIN	IG	7 A C	/TD		F	AN			0 2 2 8		9 2	9:08	Рм
	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. les	st birthday)	IF UNDER	1 YEAR	IF UNDER				8. BIRTH	PLACE (State or Fo	
	242-37-0	282	1 M 2 F	3/	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year)	55	Country	PEI. TA	IWAN
_	9a. FACILITY NAME (If not inst	Itution, give st	reet and number)			9b. CITY	b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH						11	
2	MEMORIAL F	IOSPI	TAL			CUM	BER	LAND)		A	LLE	GHEN	7
DIRECTOR	10a, STATE	10b. COUNTY			10c. CIT	y, TOWN	OR LOCA	TION,					10d. INSIDE CITY	,
5	N.C.				1	ALL	5161	4					LIMITS?	/
FUNERAL	10e. STREET AND NUMBER		01/ 0	1			10	. ZIP CODE			10g. CIT	IZEN OF W	HAT COUNTRY?	
Ë	47/2	-6/4/	RK AV	E							C	1.5.	A.	
2	11. MARITAL STATUS 1 Never Married 2 N	lerrlad	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. AF		13.	WAS DEC	ENDENT OF	F NISPAN	IC ORIGIN? (Specify Yea n, Puerto Rican, atc.)	or No-	14. RACE Black	- American India, White, etc.	an,
à	3 Widowed 4 Divorce	IF YES, GIVE V				2 P NO	Specify			Specif				
- 11	15. DECEI	DENT'S EDUC	ATION	16a. DE	CEDENT'S	USUAL O	CCUPATIO	QN		16b, KIND OF BUS	INESS/IN	DUSTRY		
4	(Specify only / Elementary/Secondary (0-1	highest grade (College (1-4 or 5	- Ma	No NOT us	of work done during most of working Truse retired.)								
COMPLETED	12		11	2	NGI	NE	EF							
5	17. FATHER'S NAME (First, Mid	dle, Last)	FERR	/				18. MOTN	ER'S NAM	AE (First, Middle, Meiden	Sumame)	,		
	DHUIV-	ING	- PHIV					1		MII L	IU			
2	19a. INFORMANT'S NAME (Typ	e/Print)	EAN	19	b. MAILING	ADDRES	S (Street a	and Number	or Rural A	loute Number, City or Town	n, State, Zij	Code)		
	20a. METHOD OF DISPOSITIO	N .	/ // "	20h 01 ACE	AND DATE									
	1 Buriel 2 Cremation 4 Donation 6 Other (S	3 🗆 Remo	val from State	cemetery, cre		EOF DISPOSITION (Name of other place) Other place) OTHER STATE 20c. LOCATION — City or Town, State OTHER STATE AND THE STATE OTHER STATE OTHE								2
	21. SIGNATURE OF FUNERAL	SERVICE LICE	ENSEE	0	/ / /	22.	NAME A	ND ADDRES	S OF FAC	CILITY OF	21	01	1. 125	5
	23. PART L'Enter the die	her	2 J.	Jav	2	1	Y	7/15	40	RK RD	Ti	moi	VIUM.	mi
CALIDIA	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list condition if any, leading to immediate.	ns, C b		OR AS A CONSEC			2n	fur	uh	2			Interval Be Onset and	
3	cause. Enter UNDERLYIN CAUSE (Disease or Injury	G												
	that initieted events resulting in death) LAST		DUE TO	(OR AS A CONSEC	DUENCE OF	F):								
CENTIL	resulting in death) CAST	d												
	PART II. Other aignificant	conditions	contributing to	death but not r	esulting i	in the un	derlyln	g cause gi	iven in F	Part I. 24s. WAS AN			WERE AUTOPSY FI	
3										PERFOR	MED?		AWAILABLE PRIOR COMPLETION OF	CAUSE
												1	1 TYES 2	60
TI SICIAIN.	25. WAS CASE REFERRED TO EXAMINER?		HOSPITAL:		_	OTHER	₹:	ACE OF DE						
	1 YES 2 NO 27. MANNER OF DEATN		1 Inpatient 2 C		26b. TIM		28c. INJ			Other (Specify) 26d. DE\$CRIBE HOW If	I HIRV OO	CHRED		
	1 Natural 5 Pe	nding restigation		8 /9 2		OPM	1 1	RK?	- 1	river in			it tre	
	2-Accident Im	28e. PLACE O	me, ferm, s	street, fact		200	-	281. LOCATION (Street a	nd Number					
		termined	Containing,	F INJURY — At ho etc. (Specify) ROA	ADWA.	Y				W. VA. RIT	.75			
	29a. CERTIFIER (Check only	IAN: To the best of	ath occurre	d at the t	lme, date	and place,	and due t	to the cause(a) and man	ner as stat	led,				
	one) A MEDICA	EXAMINER	n, in my o	pinion, d	eath occure	d at the t	lme, date and place, and	due to th	ne cause(s)	and manner as at	teted,			
	THE TICHAPUNE AND TITCE O	CERTIFIER				29c. LICEN	NSE NUMI	BER	29d. DAT	E SIGNED (Month, Day, Year)	\neg		
	147	utt	ny					0.0	C.M.	E	▶ 0	2/29	192	
	FARALICE	- /2	AUT //				ET.I	BALT	IMOR	RE, MARYLA	ND	2120) 1	
1	31. DATE FILED (Moppin, Pay, 16)		10				- , -			7	-			
MAR 06 1992 Julia Davidson-Pander											- 1			

	FOR 1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPART	MENT OF H	IEALTH AND	MENTAL HYGIEN			
		SLIE FRAN				2. DATE OF DEATH	1992 YEAR	3. TIME OF DEATH 2:50 pm	
	4. SOCIAL SECURITY NUMBER 213-09-6252	1× M 2 □ F 7	76 YRS. M	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) DEC. 23,	Coun	THPLACE (State or Foreign	
STOR	98. FACILITY NAME (If not institution, gived FREDERICK VILLA) RESIDENCE OF DECEDENT	NURSING HOME	9		NSVILLE	EATH	9c. COUNTY OF		
L DIRECTOR		TIMORE		TOWN OR LOCATORSV	ILLE			10d. INSIDE CITY LIMITS? 1 YES 250 NO	
BY FUNERAL	100. STREET AND NUMBER 504 HILTON AVE				21228		U.S.	U.S.A.	
	11. MARITAL STATUS 1 Never Married 2 Merried Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	13. WAS DECE If yes, spe 1 TYES	ecify Cuban, Maxica	NIC ORIGIN? (Specify Yearn, Puerlo Rican, atc.) fy:	e or No- 14. RAC Blac Spec	CE — American Indian, ck, Whita, atc.	
COMPLETED	15. DECEDENT'S EE (Specify only highest gre Elementary/Secondary (0-12) 12	BUCATION ade completed) College {1-4 or 5+}	life. Do NOT use n	rk done during mos	st of working		SINESS/INDUSTRY	CE	
BE CO		ANCE			LAURA	L. LDD	DICORD		
101	19a. INFORMANT'S NAME (Type/Print) LAWRENCE EDWIN FE	-	504 HI	ILTON AV	VENUE CA	Route Number, City or Tow TONSVILLE	MARYLAND	21228	
	Burial 2 Cremation 3 Ra 4 Donation 5 Other (Specify)	amoval from Stata	RESTLAWN C	EMETERY	Y	3/6/92 M	ARRIOTTS	VILLE MD.	
	· Lusselle	Digle		1630 E	EDMONDSO	L WITZKE F N AVE. CAT	ONSVILLE	OMES MD. 21228	
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury	a. DUE TO (OR AS A	A CONSEQUENCE OF): A CONSEQUENCE OF): I had by	SM Mid Ht.	is of dying, such in S	has cardiac or reapi 2 4 The Sac	Chroni tistory arrest,	Approximate interval Between Onset and Death 1097. 3 must	
	that initiated events resulting in death) LAST	d	A CONSEQUENCE OF			/			
AN: MEDICAL	PART II. Other significant condition	one contributing to death b	out not resulting in t			PERFOR	RMED?	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 100	HOSPITAL: 1 Inpatient 2 ER/Outp		THER:	ACE OF DEATH (Che				
BY PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	OF 28c, INJU WOR	JRY AT	8 Other (Specify) 28d. DESCRIBE HOW II	NJURY OCCURED		
- 4	3 Suicide a Could not be determined	28s. PLACE OF INJURY building, atc. (Spec	Y — At home, term, streeticify)	et, tectory, office		28f. LOCATION (Street a City or Town, State)	ind Number or Rural F	Route Number,	
COMPLETED	2 MEDICAL EXAMIN	/SICIAN: To the best of my know	iedge, death occurred a	it the time, data a in my opinion, da	and place, and due ath occured at the	to the cause(a) and man time, data and place, and	mer as stated.	a) and manner as stated.	
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIC	TATha	tf m		29c. LICENSE NUM	1BER	29d. DATE SIGNED	(Monty, Day, Year)	
		raderick 1	159 CA	"ton.	s V[//	2 212	28	Md	
	31. DATE FILED (Month, Day, Year)	6 1992 Jul	he Devidson)	Pandate.		-			

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, name 5 should be deractive		iMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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2	2	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	E

31. DATE FILED (Month, Day, Year)

MAR 06 1992

	FOR THE 1 STATE REGISTRAR	STATE OF MAI	RYLAND /	DEPAR ERTIF	ITMEN'	T OF H	IEALTH DEAT	AND I	MENTAL F	IYGIENE	9	2	06317
	1. DECEDENT'S NAME (First, Middle, Last)	***	HARLI						2. DATE OF MONTH			YEAR	3. TIME OF DEATH
			AGE (In yrs. las		IF UNDER		IF UNDER	24 HRS. MIN.	7. DATE OF I	BIRTH by. Year) 3-14	72	8. BIRTH Countr	
TOR	9a. FACILITY NAME (If not institution, give street CHURCH HOSPTTAL RESIDENCE OF DECEDENT			5	-381		MOR		ATH	3-14		NTY OF D	S.C.
DIRECTOR	10a. STATE 10b. COUNTY MD.				ALT:								10d. INSIDE CITY LIMITS?
FUNERAL	100. STREET AND NUMBER 923 N. KENWOOI						. ZIP CODI	E			10g. CITI	ZEN OF W	THAT COUNTRY?
CNE		. WAS DECEDENT EV	ER IN U.S. AR	MED	13.	WAS DEC		205	IIC ORIGIN? (S	nacity Year	or No.	U.S.	American Indian.
BY F	1 Never Married 2 Married 3 W Widowed 4 Divorced	FORCES? 1 1		10		If yea, ap	elfy Cuba 2 NO	n, Maxica	n, Puarto Ricar	1, etc.)	or NO_	Black	, White, etc.
ED	15. DECEDENT'S EDUCATI (Specify only highest grade con	ION naletech	16a. DE	CEDENT'S	USUAL O	CCUPATIO	N .		16b, KIN	D OF BUSI	NESS/IND	USTRY	DLACK
COMPLETED		College (1-4 or 5+)	iife.	ve kind of v Do NOT us	e retired.)	auring mo	st of workin	9	PAT	BLC	CK	BRIO	CK COMPAN
	17. FATHER'S NAME (First, Middle, Last) STEVE WALTER						18. MOTH	ER'S NA	ME (First, Middl				
BE	19a. INFORMANT'S NAME (Type/Print)		194	MARINO	AODRES	C (Ctroot o	H	ARRI	ETT F	BETH:	UNE		
5	EDWARD SMITH												D 21205
	20e. METHOD OF DISPOSITION 1 Strict 2 Crymation 3 Removal 4 Donation 5 Strict (Specify)	from State	20b. PLACE A cemetery, crer	NDDATEC	FDISPOS	ITION (Ne	me of		OATE	20c. LOC	ATION —	City or Too	vn, Stata
	21. SIGNATURE OF FUNERAL SERVICE LICENS		18011	1	22.	NAME AN	D AOORES						
	23. PART i. Enter the diseases, or comehock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death) s	HBA	used the decon each line.		ot antar	the mo	da of dyi	ng, sucl	n as cardiac	Or reapin	atory arr	eat,	Approximete interval Batween Onset and Death
MILLON	Sequentially list conditions, if any, leading to immediate OUE TO (OR AS A CONSEQUENCE OF):												
ERTIFICATION	csuse. Enter UNDERLYING CAUSE (Dissess or injury that initiated events resulting in death) LAST d	DUE TO (OR A	AS A CONSEO	UENCE OF):								
PHYSICIAN: MEDICAL CEI	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. VENTRICULARAM PROPERTY 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO NO NO OF CAUSE OF OEATH? 1 YES 2 NO NO												
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:					ACE OF DE	ATH (Che	ck only one)				
14SI		Inpetient 2 ER/		DOA		ing Home		idence	8 Other (Spe				
	1 Natural 5 Pending	(Month, Day, Ye		26b. TIME INJU		28c, INJU WOI		NO	28d, DESCRIE	E HOW INJ	URY OCC	URED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	26s, PLACE OF INJ building, etc. (URY — At hon Specify)	ne, ferm, st	reet, facto				281. LOCATION City or Tox	N (Street and vn. State)	d Number	or Rurel Ro	oute Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN 2 MEDICAL EXAMINER: On	: To the best of my k	nowledge, dea	th occurre	d at the ti	me, date	end placa, ath occurs	and due	to the cause(a)	end mann	or ee state	d. cause(s)	and menner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	vem	<i>i</i> /	~	0		D/						Month, Day, Year)

32. REGISTRAR'S SIGNATURE
Sulia Savidon Rendare

a.	1. OECEDENT'S NAME (First, Middle, La IDA	st)	GLOVER			2. DATE OF DEA MONTH MARCH 1	DAY	year 3. TIME OF DEAT	
	4. SOCIAL SECURITY NUMBER 21:3-34-2869	1 🗆 M 2 🔀 F	AGE (In yrs. lest birthdey)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTY (Month, Day, Ye 6-4-3	H ar)	8. BIRTHPLACE (State or For Country) S.C.	
STOR	9a. FACILITY NAME (If not institution, grant of the JOHNS HOPK RESIDENCE OF DECEDENT							9c. COUNTY OF DEATH BALTIMORE CITY	
LDIRECTO	MD 10e. STATE 10b. COU	NTY		TY, TOWN OR LOCALTIMOS	RE			10d. INSIDE CITY LIMITS? 1 X YES 2	
MERAL	1515 N. BROA	DWAY	50 1110 5005	10f. ZIP CODE 21213				U.S.A.	
BMF	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 1	YES 2 NO	If yes, s	CENOENT OF HISP/ pecify Cuben, Mexic \$ 2 NO Spec	ANIC ORIGIN? (Speci can, Puerto Rican, et elly:	ly Yea or No :.)	14. RACE — American India Black, White, etc. Specify: BLACE	
PLETED	15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12) 6th	DUCATION ide completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of life. Do NOT	USUAL OCCUPAT work done during in see retired.)	ON ost of working		F BUSINESS/INC	DUSTRY	
BE COMPL	17. FATHER'S NAME (First, Middle, Last) HENRY LEE				18. MOTHER'S N	IAME (First, Middle, M	alden Surname)		
TO BE	19a. INFORMANT'S NAME (Type/Print) LEROY GLOVER 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) LEROY GLOVER 1515 N. BROADWAY/BALTIMORE, MD 21213								
	4 Donation 5 D Other (Specify)	1 Buriel 2 Cremetion 3 Removal from State							
מאקשווו פאקשווו	Wonce	N Slo	eltet	WM.	C.MARCH	F.H./1		. NORTH AVI	
	23. PART I. Enter the diseeses, of ahook, or heart fellur	r complications that cer	used the deeth. Do	ant anter the -					
event, mo	iMMEDIATE CAUSE (Final disease or condition resulting in deeth)	- 1	GOTANAC	. 1	che of dying, au	ch as cardiac or	eapiratory an	Approxima interval Be Onset and	
	Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE TO (OR)	n each line.	Heno H:	ode of dying, au	ch as cardiac or	eapiratory and	Interval Be	
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events reautting in deeth) LAST	b. DUE TO (OR) OUE TO (OR) DUE TO (OR)	AS A CONSEQUENCE O	Hemo 19:	cheg			interval Be Onset and	
MEDICAL CERTIFICATION	Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE TO (OR) OUE TO (OR) DUE TO (OR)	AS A CONSEQUENCE O	Hemo 19:	cheg	1 Part I. 24s. W	S AN AUTOPSY RFORMED?	Interval Be	
MEDICAL CERTIFICATION	Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events reautting in deeth) LAST	b. DUE TO (OR) OUE TO (OR) DUE TO (OR)	AS A CONSEQUENCE OF AS A C	F): F): In the underlyle 28.F OTHER:	g ceuse given in	n Part I. 24a, William PE 1 Yi	S AN AUTOPSY RFORMED?	24b. WERE AUTOPSY FIN AMAILABLE PRIOR T COMPLETION OF CA	
BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other aignificant conditions or injury that initiated events resulting in deeth) LAST PART II. Other aignificant conditions or injury that initiated events resulting in deeth) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation investigation	DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR d. Ona contributing to deal HOSPITAL: 1 Vinpetient 2 ER/J 28e. OAT 2 ER/J (Month, Day, Ye	AS A CONSEQUENCE OF THE PROPERTY OF THE PROPER	PF): In the underlyle 28. F OTHER: 4 Nursing Hori BE OF 28c. IN WHY W 1	g couse given in	heck only one) 6 Other (Specify 28d. DESCRIBE H	S AN AUTOPSY REORMED? SS 2 NO	24b. WERE AUTOPSY FIN AMAILABLE PRIOR TO COMPLETION OF CU OF DEATH? 1 YES 2 N	
BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other aignificant conditions are sequentially in the condition of the condition	DUE TO (OR DUE TO (OR	AS A CONSEQUENCE OF THE PROPERTY AND AND AND AND AND AND AND AND AND AND	PF): In the underlying the street, factory, officers.	g couse given in	Part I. 24a. WP PE 1 YI YI heck only one) 6 Other (Specify 28d. DESCRIBE H City or Town, 1)	S AN AUTOPSY FORMED? S 2 NO OW INJURY OCC Treet and Number	24b. WERE AUTOPSY FIN AMAILABLE PRIOR T COMPLETION OF CO OF DEATH? 1 YES 2 No.	
D BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other aignificant conditions are successful to the conditions of the conditions o	DUE TO (OR DUE TO (OR	AS A CONSEQUENCE OF THE PROPERTY AND A PRY 28b. TIME IN. Specify)	PF): FF): In the underlyie 28. F OTHER: 4 Nursing Hor IE OF 28c. IN URY M 1 Streat, factory, officed at the lime, date	g ceuse given in	heck only one) 6 Other (Specify 28d. DESCRIBE H	S AN AUTOPSY IFORMED? IS 2 NO OW INJURY OCC Treef and Number Italian I manner as state	24b. WERE AUTOPSY FIN AMAILABLE PRIOR T COMPLETION OF CO OF DEATH? 1 YES 2 No.	

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	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at ence.	O RE COMPI ETED BY DUVEICIAN: MEDICAL CEDTIFICATION
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	edical	
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	- STATE REGISTRAR	ERTIF	CATE O	F DEATH	1	REG. NO			
	William L. Gardne	liam I	. Gard	ner	2. I	ATE OF DEATH	"2	YEAR 9 2	3. TIME OF DEATH 1755 PM
	4. SOCIAL SECURITY NUMBER 2-15-16-5496 1 MM 2 F 72	lest birthdey) YRS.	IF UNDER 1 YEAR MONTHS DAYS			MATE OF BIRTH Month, Day, Year)	20	Countr	PLACE (State or Foreign y)
DIRECTOR	Sinai Hospital Sinai Hospital Sinai Hospital Sinai Hospital Sinai Hospital Sinai Hospital Sinai Hospital								
EC	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	10c, CIT	Y, TOWN OR LO	ATION					10d. INSIDE CITY
8	Maryland		timore						LIMITS?
	10e. STREET AND NUMBER	Dai		IOI. ZIP CODE			10a CIT	IZEN OF W	THAT COUNTRY?
FUNERAL	10 E.Lee St. Harbor Court Apts.			21202				USA	
Β¥	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. / FORCES? XX YES 2 IF YES, GIVE WAR OR DATES WWII	ARMED NO	If yes,	ECENDENT OF specify Cuben, ES XXX NO	Mexican, Pu	RIGIN? (Specify Yea erto Rican, etc.)	or No-	14. RACE Black Speci	- American Indian, White, etc.
COMPLETED	(Specify only highest grade completed)	DECEDENT'S (Give kind of w life. Do NOT us	USUAL OCCUPA YORK done during e retired.)	TION most of working		16b. KIND OF BUS			
MPL		lfe In	surance				ıranc	е	
BE CC	John E. Gardner			18. MOTHE		irst, <i>Middle, Maiden</i> v Sander	,		
0 8						Number, City or Town			
	Margaret S.Gardner-Swann					llersvil			
	20s, METHOD OF DISPOSITION 20b. PLAC 20b. PLAC 20b. PLAC 20b. PLAC 20pelev ₁ , o Me ad	remetory or of	r disposition (her plece) ge Ceme	Name of	1	5/92E1km			wn, State ard Co.Md.
	21. SIGNATURE-OF FUNERAL SERVICE LICENSEE				OF FACILITY	eld Home		,	ara oo.na.
	James 7. Burnick. J	,	6500	Yerk	Road	eld Home Balto.Md	. 21	· 212	
	23. PART 1. Enter the diseases, or complications that caused the abook, or heart failure. List only one cause on each life immediate Cause (Final disease or condition resulting in death) DUE TO (OR AS A CONS	ne.						rest,	Approximate Interval Between Onset end Peath 3 WKS
TION	Sequentially list conditions, if any, leading to immediate OUE TO (OR AS A CONSEDUENCE OF):								
CERTIFICATION	Cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	EDUENCE OF):						
B	d								
MEDICAL	PART II. Other significent conditions contributing to death but not	t resulting i	n the underly	the underlying couse given in Part I. 24a. WAS AN AUTOPS' PERFORMED? 1 □ YES 2 D ND					WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN: ME									T TES 2 PNO
ğΝ	25. WAS CASE REFERRED TO MEDICAL		28.	PLACE OF DEAT	H (Check on	ly ane)			
Sign	EXAMINER? 1 YES 2 PAO HOSPITAL: 1 Impetient 2 ER/Outpetient	3 DOA	OTHER:						
主	27. MANNER OF DEATH 28a. DATE OF INJURY	28b. TIME	OF 26c, II	JURY AT		DESCRIBE HOW IN	JURY OCC	CURED	
BY P	1 Netural 5 Pending (Month, Day, Year) 2 Accident Investigation	INJ	M 1	ORK? YES 2 N		-			
3 Suicide 6 Could not be building, etc. (Specify) 28f. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)							nd Number	or Aural A	oute Number,
COMPLET	29e. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, one) Description on the basis of examination end/or the basis of examinat								and manner se stated.
BEC	296. SIGNATURE AND TITLE OF CERTIFIER	MN		29c. LICENS					(Month, Day, Year)
2	30. NAME AND APPRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (IT	EM 27) (Type,	2/1	Ten	pora	7		5/2	192
	31. DATE FILED (Morith, Day, Year) 32. REGISTRAR'S SIGNATURE	MD	Bel	vedere	+ 6	reenson	M	Bala	t., MO
- 1	MAD 6 1992 whe David	son-Par	delle					7	12/3

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit pe be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlat, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	1 - REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO			
1	1. DECEDENT'S NAME (First, Middle, Last) CHARLES RUSSE	LL GAR	RITY			2. DATE OF DEATH	7/92	YEAR	3. TIME OF DEATH 15/0 M
-3	4. SOCIAL SECURITY NUMBER 212-26-1544	XX M 2 □ F 63	GE (In yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) NOV . 14, 19	28	Countr	PLACE (State or Foreign V) YLAND
TOR	9a. FACILITY NAME (If not institution, give attreet and number) ST. AGNES HOSPITAL BALTIMORE								EATN
DIRECTOR	10a. STATE 10b. COUNTY	LTIMORE	10c, CIT	Y, TOWN OR LOCA			10d. L		
FUNERAL	10a. STREET AND NUMBER 703 EASTSHIRE DRI			104. ZIP CODE 21228			10g. CITIZEN OF U.S.		
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEDENT EVE FORCES? 1XXYI IF YES, GIVE WAR OF	ES 2 NO	If yes, ep	ENDENT OF NISPAN ecity Cuban, Mexica 2 X NO Specify	n, Puerto Rican, atc.)	ORIGIN? (Specify Yes or No- 14. RACE -		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		(Give kind of a	USUAL OCCUPATION NOT COME PORT OF THE CHNICI	ast of working	16b. KIND OF BU		USTRY	
	17. FATNER'S NAME (First, Middle, Lest) JAMES T. GARRITY				18. MOTNER'S NA	ME (First, Middle, Meiden L. LOWEI	Surname)		
TO BE	190. INFORMANT'S NAME (Type/Print) HELEN GARRITY	(WIFE)			and Number or Rural F	Route Number, City or Tow ATONSVILLE	n, State, Zip		01000
	20a. METNOD OF DISPOSITION XX Burlet 2 Cremetion 3 Remo 4 Donation 5 Other (Specify)		206. PLACE AND DATE COMMETTER, Crematory or o	OF DISPOSITION (N	ame of	DATE 20c. LO	CATION —	City or To	
	21. SIGNATURE OF FUNERAL SERVICE LICE		Auric	LEROY	M. & RUS	SELL C. WI	TZKE	FUNI	
	23 PART I. Enter the diseasea, or co ahock, or heart fellure. L	omplications that caused on the cause of the	sed the death. Do r	not enter the mo	da of dying, suci	h as cerdiac or reep	iratory arm	eat,	Approximate interval Between
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	ACUTE DUE TO (OR A	MYD CAD	DIAL	INFARC	rion			Onset and Death
CERTIFICATION	Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR A	PIRATORS S A CONSEQUENCE OF CARDI S A CONSEQUENCE OF FAILURE	DMY OPA		DROME			
DICAL	PART ii. Other aignificant conditions	contributing to deat	but not resulting	in the underlyin	g ceuse given in	PERFOR	RMED?	24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE
: MED						1 🗆 YES 2	A NO		OF DEATH? 1 YES 2 NO
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	outpatient 3 DOA	OTHER:	ACE OF DEATH (Che				
ву рну	27. MANNER OF DEATN 1 Natural 5 Pending	26a. DATE OF INJUR (Month, Day, Yea	Y 26b. TIM	E OF 26c. IN.	URY AT	26d. DESCRIBE NOW I	NJURY OCC	URED	
	2 Accident investigation 3 Suicide 6 Could not be determined	26s. PLACE OF INJU building, etc. (S	IRY — At home, farm, a specify)	street, factory, offic	•	261. LOCATION (Street City or Town, State)		or Rural R	oute Number,
COMPLETED		IAN: To the best of my kn							and manner as stated.
TO BE	200. BROHATURE AND TITLE OF CHIPPIPER	da	MD		29c. LICENSE NUM	BER	29d. DATE	SIGNED 3	(Month, Day, Year) 63 [G2
	JORGE 6. RI	COMPLETED CAUSE OF	A ODI	10N 7	WENV	E			
	31. DATE FILED (Month, Day, Year) MAD 6	1992 LA							

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OFTANT: II
E 55 21

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTMEN	T OF HEALTH	AND MENTAL		9	2 06321	
	1. DECEDENT'S NAME (First, Middle, Last)		Hill	E OF DEAT		REG. NO.	y 9	3. TIME OF DEATH 2 12:34 A.M	
		5. SEX 8. AGE (In yrs. In a section of secti	O YRS. MONTHS	R t YEAR IF UNDER : DAYS HOURS Y, TOWN OR LOCATIO	ын. (Month, 3—)	Dey, Year)		BIRTHPLACE (State or Foreign Country) Va.	
DIRECTOR	Johns Hopkins	City		SC. COOM	Y OF DEATH				
	MD 106. STATE 106. COUNTY		10c. CITY, TOWN	IMORE			10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
FUNERAL	100. STREET AND NUMBER 2428 BRENTWOOD 11. MARITAL STATUS			101. ZIP CODE 212.	18			N OF WHAT COUNTRY? U.S.A.	
B⊀	1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	ARMED 13.	WAS DECENDENT OF If yes, specify Cuber 1 YES 2 NO	, Mexican, Puerto R		or No 1	I. RACE — American Indien, Black, White, etc. Specify: BLACK	
COMPLETED	15. DECEDENT'S EDUC/ (Specify only highest grade of Elementary/Secondary (0-12)	completed)	ife. Do NOT use retired.,	during most of working		KIND OF BUS		БТНҮ	
	9th 17. FATHER'S NAME (First, Middle, Last) SOLOMON HILL		CONSTRU	18. MOTH	G ER'S NAME (FI/31, M LDRED C		Sumeme)	K	
TO BE	19a. INFORMANT'S NAME (Type/Print) BARBARA WHITE	1	196. MAILING ADDRES 2428 BR	S (Street and Number	or Rural Route Numb	er, City or Town	, State, Zip C	MD 21218	
	20e. METHOD OF DISPOSITION 1 Strict Surfel 2 Cremation 3 Remon 4 Donation S Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIFE	vet from State cemetery, c	EANDDATE OF DISPO rematory or other place Y S CEMI	TERY	OATE			CO., VA.	
	· Nongen	Soptill	66 W		CH F.H.			NORTH AVE.	
	23. PART1. Enter the diseases, or conshock, or heert fellure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death)	phiblications that caused the clat only one ceuse on each life	// //	r the mode of dylr	11	ec or reapi	ratory arres	Approximata Interval Batween Onset end Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSI		<i>V</i>					
PHYSICIAN: MEDICAL C	PART II. Other significant conditions	contributing to death but not	nderlying ceuse gi	Iven in Part I.	24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
YSICIAN	4 57 4400 4 57 470	HOSPITAL: 1 Inpetient 2 Rel/Outpetient	3 DOA 4 Nu		ATH (Check only one	,			
BY	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	26e. DATE OF INJURY (Month, Day, Year) 2-29-92 26e. PLACE OF INJURY — At 1	28b. TIME OF FOUNDERY 8:40 PM	28c. INJURY AT WORK?	NO Su	28d. OESCRIBE HOW INJURY OCCURED Subject Shot			
COMPLETED	3 Suicide 6 Could not be determined	building, etc. (Specify) IAN: To the best of my knowledge, of	Street		400	Blo	ck E.	Aural Acute Number, 24th Stree	
	1	On the besia of examination and/o		opinion, death occure	d at the time, date		due to the	cause(e) end menner as stated.	
29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) O. C. M. E. 3-1-92									

Street.

Baltimore Maryland

AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

MAR 06 1992

Shia Davidson-Randelle

(1	J	. 4	TOR
		. Page	- Y-S	DIRE
- BALTIMORE, MARYLAND 21203-3146	death. Page 6 may be retained by the hospital or attending physician.	e funeral director, page 5 should be detached for use as the burlal-transit perm il.	examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
1	es afte	d in by the	medical	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-555 after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	O BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 - STATE REGISTRAR	SINIE OF MA	CE				DEATH		REG. NO.			
i	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF	DEATH	AM	WEAR	3. TIME OF DEATH
ì	HARRY W. HESS							MARCH	I 4	1	992	6:15 A M
	4. SOCIAL SECURITY NUMBER 127-10-2451	5. SEX 6.	AGE (In yrs. lest	birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, D 01-17	BIRTH ey, Year)		Counti	
į	9e, FACILITY NAME (If not institution, give stre		//	THS.	01.0177	TOUGH O	R LOCATION OF DE		-15	T a - 001		JERSEY
ron	VA MEDICAL CENTER		ARD				DWARD	AIH			TIMO	
EC	10s. STATE 10b. COUNTY			10c. CIT	Y, TOWN O	R LOCAT	ION					10d. INSIDE CITY
E I	MARYLAND BALTI	MORE		BAI	LTIMO	RE						LIMITS?
A	104. STREET AND NUMBER	A 4				101	ZIP CODE			tog. CIT	IZEN OF V	WHAT COUNTRY?
E	526 CASTLE DRIVE	Apt. A.				1 2	21212			UN	ITED	STATES
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 XI IF YES, GIVE WAR WORLD WA	YES 2 NO	MED O	li li	yes, spe	ENDENT OF HISPAN Hocity Cuben, Mexicon 2 XNO Specify	n, Puerto Rici		s or No—	14. RACI Blaci Spec	E — American Indian, k, White, atc. #y: WHITE
B	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	16e. DEC	EDENT'S	USUAL OC	CUPATIO	IN st of working	teb. Ki	ND OF BU	SINESS/IN	DUSTRY	
	Elamentery/Secondery (0-12)	College (1-4 or 5+)	IIIa.	Do NOT u	se retired.)							
COMPLETED	12 yrs.	n/a	IMP	ORTE	R/EX	PORT			IPPI		DUST	TRY
8	17. FATHER'S NAME (First, Middle, Last) HARRY AHRENS HESS						16. MOTHER'S NA					
BE	19e. INFORMANT'S NAME (Type/Print)		104	MAD IN	ADDRESS	(Discoul o	MARTHA					
9	CLINICAL RECORDS						NT ROAD,					21050
	20e. METHOD OF DISPOSITION		20h PLACE C	DE DISPO	SITION (No.	me of cen	no voortements voeree			CATION -		
	1 Donation 5 Other (Specify)	val from Stata	Druid	rio Rio	ige C	emet	ery 3/7	/92	Pik	esvi	lle,	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE / A	200	D			o ADDRESS OF FA		d Ho	mo		
	John G. Reit	z John	D Ke	3							Marvi	land 21212
	23. PART I. Enter the diseases, Dr co									_		Approximate
	shock, or heart fellure. L IMMEDIATE CAUSE (Fine)	let only one ceuse	on each line.									Interval Between Onset and Death
	diseese or condition	LIVER	R FAILU	RE								
	radotting in death)		R AS A CONSEC									
Z	Sequentially ilst conditions,		iosis o									
A	if any, leeding to immediate cause, Enter UNDERLYING	DUE TO (O	R AS A CONSEC	UENCE C	IF):							
FIC.	CAUSE (Disease or injury that initiated events	DUE TO (O	R AS A CONSEC	UENCE C	F):							
CERTIFICATION	resulting in deeth) LAST	· I										
	PART II. Other significent conditions	enntdhuting to de	eth but not r	-eulting	in the un	derlyln	z cause alven la	Part I 2	4a. WAS AP	ALITODRY	/ 24	b. WERE AUTOPSY FINDINGS
MEDICAL	CEREBROVASCULAR		, out Dat 110t 1	Journing		donym	g coude given in		PERFO	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
ā	CHRONIC RENAL FA							— ¹	☐ YES	2X NO		OF DEATH?
	PNEUMONIA							— J				t TYES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL					26. PI	ACE OF DEATH (Ch	eck only one)				
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 X Inpatient 2 □ E	R/Outpetient 3	□ DOA	OTHER		e 5 🗆 Residence	6 🗆 Other (Specify)			
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF IN (Month, Day,	JURY	28b, TII	AE OF JURY	28c. INJ	URY AT	28d. DESC	RIBE HOW	INJURY O	CCURED	
BY	1 Natural 6 Pending 2 Accident Investigation		(15)	III	М	1 🔲	YES 2 NO					
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF a building, et	NJURY — At ho c. (Specify)	me, farm,	street, fact	ory, offic	•	28f. LOCAT City or	ION (Street Town, State	end Numb	er or Rural	Route Number,
COMPLETED	29e. CERTIFIER 1 X CERTIFYING PHYSIC	MAN. To the heat of m	to a silvato - de			4 4-4-		4-10	4-1 4			
MP	(Check only one) 2 MEDICAL EXAMINE											(s) and menner es stated.
	29b. SIGNATURE AND TITLE OF CONTRACT			_	34. 47	1000	29c. LICENSE NUI		- 1. E			O (Month, Day, Year)
BE	- John	1					Lew Elderide Hol			>	3-4	
2	30. NAME AND ADDRESS OF PERSON WHO	MPLETED CAUSE	OF DEATH (ITE	VI 27) (Typ	e, Print)							
	C.V.J. VERCHESE,	M.D., VA	MEDICA	L CE	NTER.	FO	RT HOWAR	D, MD	210	052		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR	S SIGNATURE	. ,	٠ مح			, , ,	-20			
	MAR 6	32. REGISTRAR'	guha Da	4dson	-Hand	مالاك						

22,000 68

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CERTIFICATION
MEDICAL
PHYSICIAN:
BY
TO BE COMPLETED BY PHYSICIAN: MEDICAL
BE
9

	1 - STATE REGISTRAR	STATE OF N	/ MARYLAND /	DEPAR	RTMEN	T OF H	DEAT	AND I	MENTAL HYGIEN	_		00020
	1. DECEDENT'S NAME (First, Middle, Last)				TOAT	_ 01	DEA		REG. NO.			3. TIME OF DEATN
	Evelyn Elizabeth	Hewitt							MONTH BY	l I	YEAR .	A
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	t birthday)	IF UNDE	R 1 YEAR	IF UNDER	24 HBS	7. DATE OF BIRTH			PLACE (State or Foreign
	212-05-1471	1 M 2 XXF	84	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) 6-23-07		Countr	V)
	9a. FACILITY NAME (If not institution, give st	reet and number)	0.4		Oh CITY	Z TOWAL (OR LOCATIO	N OF DE			NTY OF D	ryland
TOR	723 E. Coldsprin						ore			9c. COU	N/	
EC	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	ION				-	10d. INSIDE CITY
PIR	Maryland	N/A		Ва	ltim	ore	City					LIMITS?
FUNERAL DIRECTOR	723 E. Coldsprin	g Lane				101	212			10g. CITI		NAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married ' 2 Married 3 Widowed 4 Divorced	FORCES? 1	T EVER IN U.S. ARI YES 2 W N	MEO O		If yes, sp	ENDENT O	n, Maxica	IIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	or No-	14. RACE Black Speck	- American Indien, White, etc.
8	15. DECEDENT'S EDUC	CATION	16a, DEC	CEDENT'S	USUAL O	CCUPATIO)N		16b. KIND OF BUS	INESS/INC	HISTOV	MILLE
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12) 12 yrs.	College (1-4 or 5 + n/a	(GA life.	pera	work done se retired.)	during mo	st of workin	g	C+P Te			
8	17. FATNER'S NAME (First, Middle, Last)						16. MOTN	ER'S NAI	ME (First, Middle, Maiden			
BE (Zacharia			augh					lizabeth N			
2	19a. INFORMANT'S NAME (Type/Print)								loute Number, City or Town			
	Shirley A. Skile:	S						tree	t, Baltimo	re,	Mary	land 21218
	1 N Burial 2 Cremetion 3 Remo		20b. PLACE A cemetery, cren Meado	ND DATE OF A PARTY OF	ge M	emor	ial :	Park	3/7/92 Do	rsey	Ma:	ryland
	21. SIGNATURE OF FUNERAL SERVICE LICE ▶ John G. Reitz	- John	3 Reis)	22.	Mame an Mit	Chel	S OF FAC	edefeld Ho	me		
	23. PART I. Enter the diseases, or contact follows	opplications that	coused the dea	eth. Do r	not enter	the mo	de of duli	t K IV	u. Ballino	re,	mary.	land 21212
	shock, or heart failure. I IMMEDIATE CAUSE (Finel disease or condition reaulting in death)	list only ona cau:	se on aach lina.						ction on any arts			Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		(OR AS A CONSEO	UENCE OF	F):				7	7		
PHYSICIAN: MEDICAL CE	PART II. Other significent conditions Aliabetes In Hygiartensia		death but not re	Any ly	in the un	derlying	Couse g	ven in i	Part I. 24s. WAS AN / PERFORI	AED2		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
₹	25. WAS CASE REFERRED TO MEDICAL	ure				26 PI	ACE OF DE	ATH (Cho	ck only one)			
ဒ္ဓ	EXAMINER?	HOSPITAL:	FR/Outpetient 3 [I DOA	OTHER	1:	/	- 11				
Ξ	27. MANNER OF DEATN	26a. DATE OF	INJURY	28b. TIMI		28c. INJ		idence (28d. DESCRIBE HOW IN	HIRY OCC	HEED	
	Natural 5 Pending	(Month, Da	ly, Year)	INJ	URY M	WOI		NO	EDG. DEGOTABL HOW IN	JOH! OCC	UNED	
ED BY	2 Accident investigation 3 Suicide 6 Could not be 4 Nomicide determined	28e. PLACE OF building, a	F INJURY — At homite. (Specify)	ie, farm, a	treet, tect				28t. LOCATION (Street ar City or Town, State)	nd Number	or Rural Ro	oute Number,
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	IAN: To the best of r	my knowledge, deal	th occurre	nd at the ti	me, deta pinion, de	and place, eath occure	and dua t	to the cause(s) and mannifer, data and pieca, and	ner as state	d. ceuse(s)	end manner as stated.
w II	296. SIGNATURE AND TITLE OF CERTIFIER	hL	Λ	0	^	,	29c. LICE	ISE NUM	BER	29d. DATE	SIGNED /	Month, Day, Year)
2	Hilliam	Bonso	min	. 4	not			42		13	10	192
	30. NAME AND ADDRESS OF PERSON WHO										1 1	
	William P. Bensor			alve	rt S	tree	t, Ba	lti	more, Mary	land	2121	.8
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAF	2		N	14						
	MAD 6	1992	lia de	ridson	Rand	480						
	###\\		U									OHMH-16 Rev 1/89

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2	DIVISION OF VITAL RECORDS, P.O. BOX 13146,	- RECORDS,	P.O.	BOX	13146,		BALTIMORE,	BALTIMORE, MARYLAND 21203-3146
TO THE HOSPITA	IL OR ATTENDING PHYSICIAN: The	law requires that the	death certif	icate be e	acuted within	STROUTS	after death. Page 6 may b	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within zerours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERA De filed within 72	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, oremation, or removal.	as been signed by the bept, of Health and Me	attending ental Hygier	physician in prior to	and completely burial, cremat	filled in by	y the funeral director, page noval.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit goes within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: II	IMPORTANT: If tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	23 shows any inju	ry, or oth	er traum	atic event,	the medi	cal examiner must be	notified at once.

31. DATE FILED (Month, Day, Year)

MAR 6

1. DECEDENT'S NAME (First, Middle, Las	M Alice		ton	ICATE OF	DEATH	Lan	REG. NO.)6324
Hlice	M WIIGE		rto	00		MQ	NTH BA	12/9	YEAR 3.	1250 pm
4. SOCIAL SECURITY NUMBER	5. SEX	5. AGE (In yrs. las		IF UNDER 1 YEAR	IF UNDER 24 HR	s. 7. DA	TE OF BIRTH		BIRTHPL.	ACE (State or Foreign
216-58-3732		39	YRS.				8 8 5		-	VC.
9e. FACILITY NAME (If not institution, given Stella Maris Ho					OR LOCATION OF	FDEATH			altim	
RESIDENCE OF DECEDENT 10a. STATE 10b. COU	NTY		10c. CIT	Y, TOWN OR LOCA	TION				10	d. INSIDE CITY
Maryland	Balti	imore			Cod	ckey	sville		1	LIMITS?
10e. STREET AND NUMBER				10	I. ZIP CODE			10g. CITIZI		AT COUNTRY?
9-D Bridge I						210			USA	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES?	T EVER IN U.S. AR I YES 2 () MAR OR DATES		If yes, s	pecify Cuban, Me		GIN? (Specify Yes to Rican, etc.)	or No 1	Black, V Specify:	American Indian, White, etc. Black
15. DECEDENT'S E (Specify only highest gr		16a. DE	CEDENT'S	USUAL OCCUPAT	ON not of working	1	16b. KIND OF BUS	BINESS/INDU	STRY	DIGOR
Elementary/Secondary (0-12) 11 th	College (1-4 or 5	+) #fe.	. Do NOT u	se retired.)				A		D1 1
17. FATHER'S NAME (First, Middle, Last)			ASS	embly W	-	NAME /Elm	t. Middle, Malden		моту	Plant
	ice				In morning		ginia		cent	
19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (Street	and Number or Re					
Delois Pri	ce	9	-D I	Bridge	Lake (circ.	le Coc	keys	vill	e, MD2103
20a, METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 R 4 Donation 5 Other (Specify)	amoval from State	other of	lenel	emator				cation - c		
21. SIGNATURE OF FUNEBAL SERVICE	LICENSED IN	k/		22. NAME /	ND ADDRESS OF	FACILITY				
George E.)					iety o Road			
23. PART I. Enter the diseases, o	or complications the	at caused the de								Approximate
immediate Cause (Fine) disease or condition resulting in death)				ired i	144 4.4.		2.11:0	,		Interval Between Onset and Death
Toolard in occurry			1		mycco	ne c	No no	RAC	49	
	DUE TO	OR AS A CONSE	QUENCE O	F):	Sign	ne o	me	-	7	
Sequentially list conditions, it any, leading to immediate	b	O (OR AS A CONSE			sign	ne c	me	·	7	
It any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury	bDUE TO		OUENCE O	F):	Sign	ne c	me	·	7	
It any, leading to immediata cause. Enter UNDERLYING	bDUE TO	OR AS A CONSE	OUENCE O	F):	Sign	ne (me	÷	7	
It any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b	O (OR AS A CONSE	OUENCE O	F):	•					
It any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b	O (OR AS A CONSE	OUENCE O	F):	•			AUTOPSY IMED?	24b. W	TERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
It any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b	O (OR AS A CONSE	OUENCE O	F):	•		24a. WAS AN PERFOR	AUTOPSY IMED?	24b. W	WAILABLE PRIOR TO OMPLETION OF CAUSE
It any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificent conditions to the condition of the condi	b	O (OR AS A CONSE	OUENCE O	F): F): in the underlyle	•	i in Part I.	24a. WAS AN PERFOR	AUTOPSY IMED?	24b. W	MAILABLE PRIOR TO OMPLETION OF CAUSE IF DEATH?
It any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions to the condition of the condi	b. DUE TO c. DUE TO d	O (OR AS A CONSE	OUENCE O	F): In the underlyle 28.1	ng cause giver	in Part I.	24e, WAS AN PERFOR	AUTOPSY IMED?	24b. W	MAILABLE PRIOR TO OMPLETION OF CAUSE IF DEATH?
It any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificent conditions are supported by the support of the s	b. DUE TO c. DUE TO d	O (OR AS A CONSE	OUENCE O	F): In the underlyic 26. I OTHER: 4 Nursing Ho BURY W	ng cause giver	(Check only) 28d.	24e, WAS AN PERFOR	AUTOPSY IMED?	24b. W A C C C C L C C	MAILABLE PRIOR TO OMPLETION OF CAUSE IF DEATH?
It any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions are conditionally as a series of the condition	b. DUE TO c. DUE TO d	O (OR AS A CONSE	OUENCE O	P: In the underlyle 26. I OTHER: 4 Nursing Ho JURY M 1	PLACE OF DEATH THE 6 Resider JURY AT ORK? YES 2 NO	(Check only) (Check only) 28d, 1	24e, WAS AN PERFOR	AUTOPSY IMED? THO HOSpi NJURY occi	24b. W	MALABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
It any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions are conditionally as a series of the condition	b. DUE TO c. DUE TO d	O (OR AS A CONSE	OUENCE O OUENCE O resulting B DOA 25b. Tin IN	P: In the underlyic 26. I OTHER: 4 Nursing Ho BE OF 28c. II WHY M 1 street, factory, offi	PLACE OF DEATH THE 6 Resider JURY AT ORK? YES 2 NO	(Check only 28d. 1	24a, WAS AN PERFOR	AUTOPSY IMED? Tho HOSpi and Number of	24b. W M C C O T T T T T T T T T T T T T T T T T	MALLABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
It any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificent conditions are supported by the condition of the conditio	b. DUE TO c. DUE TO d	O (OR AS A CONSE	OUENCE O OUENCE O resulting B DOA 25b. Tin IN	P: In the underlyic 26. I OTHER: 4 Nursing Ho BE OF 28c. II WHY M 1 street, factory, offi	PLACE OF DEATH THE 6 Resider JURY AT ORK? YES 2 NO	(Check only control of the time, control of the tim	24a, WAS AN PERFOR	AUTOPSY IMEO? Who HOSpi NJURY Occi	24b. W R C C C C C C C C C C C C C C C C C C	MALLABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO

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Parts.

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FOR STATE REGISTRAR		CERT	IFICATE	OF DEATH		REG. NO.			
1. DECEDENT'S NAME (First, Middle, Las	Δ .	HIL	1			TE OF DEATH	9	3. 2	760 pm
4. SOCIAL SECURITY NUMBER	6. SEX 6.	AGE (In yrs. lest birthd	MONTHS	YEAR IF UNDER 24 H	N. TATO	TE OF BIRTH VIII. Day. Year! V. 8, 1900	8.	BIRTHPLA	CE (State or Foreign
579-62-8730 Se. FACILITY NAME (If not institution, give	3.	91 YR		TOWN OR LOCATION O		٧٠٥, ١٩٥١	9c. COUNTY		
SHARON NURSING				NEY, MD.	PUENT			TGOM	
100. STATE MON MON	TGOMERY	10c.	CITY, TOWN OF KENSIN	R LOCATION IGTON					d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER				10f. ZIP CODE			10g. CITIZEI		T COUNTRY?
3300 WAKE DRI	VE			2089	5		Ţ	JSA	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EX FORCES? 1 I	YES 2 NO	11	yes, specify Cuban, M YES 2 X NO	exicen, Puerl		or No— 14	RACE Black, W Specify:	American Indien, hite, etc. WHITE
15. DECEDENT'S Et (Specify only highest gra Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind life. Do NO	T use retired.)	uring most of working		66. KIND OF BUS	INESS/INDUS	TRY	1122 223
12	0	HOM	EMAKER			HON			
17. FATHER'S NAME (First, Middle, Last) DAVID WHITE						t, Middle, Melden S			
19a. INFORMANT'S NAME (Type/Print)		19b. MAIL	ING ADDRESS	(Street and Number or F		RUSSELI		ocie)	
JESSIE H. EDWARI	D			AS # 10		,,	,,	,	
20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Re	movei from State	20b. PLACE OF DIS		me of cemetery, cremetor	r or	20c. LOC	CATION — CIF	y or Town,	State
4 □ Donation 6 □ Other (Specify)		METE	ODOT TO	AN CREMAT	DV	A T 1773	TANDOT	A. V	Α.
		PROTE				ALE/	THINDUT	224	441
IMMEDIATE CAUSE (Final	r complications that can be. List only one cause	sused the death. Don each line.	M 2 20 not enter	URIEL H. 1525 LAYT	F FACILITY BARBE ONSVI auch as c	R FUNERA	LAYTO	Œ NSVI	20882 LLE MD Approximate Interval Between
23. PART i. Enter the diseases, o shock, or heart failure immediate cause or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that intilated events	a. ACUTE DUE TO (OR	sused the death. Don each line.	22. M M 2 Do not enter	URIEL H. 1525 LAYT	F FACILITY BARBE ONSVI auch as c	R FUNERA	LAYTO	Œ NSVI	20882 LLE MD Approximate Interval Between
23. PART i. Enter the diseases, o shock, or heart failure in in the shock of heart failure in the shock of heart failure in the shock of the shock o	a. ACUTE DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR	Bused the death. Don each line. MYO CR AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE	22. M 200 not enter E OF): E OF):	TAME AND ADDRESS OF THE PROPERTY OF THE PROPER	F FACILITY BARBE ONSVII auch as c	R FUNERALLE RD. ardiac or reepir	AL HOM LAYTO atory arres	DNSVI	20882 LLE, MD.
23. PART i. Enter the diseases, o shock, or heart failure immediate condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificant conditions are under the conditions of the conditions	a. ACUTO B. DUE TO (OR C. DUE TO (OR C. DUE TO (OR C. SENIL	Bused the death. Done each line. MYO CA AS A CONSEQUENCE	22. M 200 not enter CARD E OF): E OF): E OF):	MAME AND ADDRESS OF LAYT THE MODE OF DEAT TO A	F FACILITY BARBE; DNSVI; auch as c	R FUNERA LLE RD. ardiac or reepir	AL HOM LAYTO atory arres	DNSVI	20882 LILE, MD. Approximate Interval Between Onset and Da Property Finding Allable PRIOR TO MPLETION OF CAUSE DEATH?
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23. PART i. Enter the diseases, o shock, or heart failure in the shock, or heart failure in t	ons contributing to de SENIL HOSPITAL: 1 Inpetient 2 Es (Month, Day, 16)	Bused the death. Done each line. R AS A CONSEQUENCE R AS A CONSEQUENCE RAS A CONSEQUEN	22. M 20 not enter CARD E OF): E OF): E OF): OTMER	derlying cause give	F FACILITY BARBE ONSVI Buch se c JPAF In In Part I.	R FUNERA LLE RD. ardiac or reepir COLON 24a. WAS AN PERFORI 1 YES 2-	AL HOM LAYTO atory arres	24b. WE	20882 LILE, MD. Approximate Interval Betwo Onset and Da Onset and Da ERE AUTOPSY FINDINALABLE PRIOR TO MPLETION OF CAUS
23. PART i. Enter the diseases, o shock, or heart failure in the shock, or heart failure in the shock of heart failure in the shock of heart failure in the shock of the shock	DUE TO (OR DUE TO	Bused the death. Done each line. R AS A CONSEQUENCE R AS A CONSE	22. M 2 20 not enter 2APD E OF): E OF): E OF): Time OF INJURY M	deriying cause give 26. PLACE OF DEAT ing Home 5 Reside 28c. INJURY AT WORK? 1 YES 2 N	F FACILITY BARBE; DNSVI auch as c JFAF In In Part I.	R FUNERA LLE RD. ardiac or reepir 24a. WAS AN. PERFORI 1 U YES 24	AL HOM LAYTO atory stress AUTOPSY MED? NO	24b. WE AM COP	20882 LILE, MD. Approximate Interval Betwood Onset and Da Provided the Control of Cause of
23. PART i. Enter the diseases, o shock, or heart failure in the shock, or heart failure in t	DUE TO (OR DUE TO	Bused the death. Done each line. R AS A CONSEQUENCE R AS A CONSE	22. M 2 Do not enter DO not enter E OF): E OF): E OF): TIME OF INJURY M Tmm, street, factor courted at the ti	derlying cause give 26. PLACE OF DEAT 1: Home 5 Reside 28. PLACE OF DEAT 1: WORK? 1 YES 2 No	F FACILITY BARBE ONSVI Buch as c JPAF In In Part I. 1 (Check only) 1 28d. i 1 28f. 1	R FUNERALLE RD. ardiac or reepir COLON 24a. WAS AN PERFORM 1 YES 2- rone) ther (Specify) DESCRIBE HOW IN OCATION (Street a lify or Rown, State)	AL HOM LAYTO atory arres AUTOPSY MED? NO AUTOPSY MED? NO	24b. WE AM CC OF	20882 I.I.E. MD. Approximate Interval Betwo Onset and Da Onset and Da ERE AUTOPSY FINDINALABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
23. PART i. Enter the diseases, o shock, or heart failure in the shock, or heart failure in t	DUE TO (OR DUE TO (OR	Bused the death. Done each line. R AS A CONSEQUENCE R AS A CONSE	22. M 2 Do not enter DO not enter E OF): E OF): E OF): TIME OF INJURY M Tmm, street, factor courted at the ti	derlying cause give 26. PLACE OF DEAT 1: Home 5 Reside 28. PLACE OF DEAT 1: WORK? 1 YES 2 No	F FACILITY BARBE; DNSVI; auch as c VFAF In In Part I. I (Check only) 1 (Check only) 28d. (c) 28d. (R FUNERALLE RD. ardiac or reepir COLON 24a. WAS AN PERFORM 1 YES 2- rone) ther (Specify) DESCRIBE HOW IN OCATION (Street a lify or Rown, State)	AL HOM LAYTO atory arres ALTOPSY MED? NO NO NO NO NO NO NO NO NO NO	24b. WE AM CCOP 1	20882 I.I.E. MD. Approximate Interval Betwo Onset and Da Onset and Da ERE AUTOPSY FINDINALABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
23. PART I. Enter the diseases, o shock, or heart failure immediate cause or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1. Natural 5 Pending Investigation death of Could not be determined. 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER.	To complications that can be a series of the cause of the	Bused the death. Done each line. R AS A CONSEQUENCE R AS A CONSE	22. M 2 Do not enter E OF): E OF): E OF): Time OF injury M In, street, factor curred at the till getion, in my of	deriying cause give J T A 26. PLACE OF DEAT 26. PLACE OF DEAT 26. INJURY AT WORK? 1 YES 2 No Dry, office me, date and place, and pinion, death occurred a	F FACILITY BARBE; DNSVI; auch as c VFAF In In Part I. I (Check only) 1 (Check only) 28d. (c) 28d. (R FUNERALLE RD. ardiac or reepir COLON 24a. WAS AN PERFORM 1 YES 2- rone) ther (Specify) DESCRIBE HOW IN OCATION (Street a lify or Rown, State)	AL HOM LAYTO atory arres ALTOPSY MED? NO NO NO NO NO NO NO NO NO NO	24b. WE AM CCOP 1	20882 LILE MD Approximate Interval Between Onset and Da Property Finding To The Control of Cause Death? YES 2 No Number, Nu



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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2 DATE OF DEATH 3. TIME OF DEATH 20 p dy M YEAR HASDER! 7. DATE OF BIRTH (Month Day Yea) 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS 1 - M 2 - F YRS. RUSSIA 212-22-6951 81 9a, FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c, COUNTY OF DEATH DIRECTOR JENKINS MEMORIAL BALTIMORE RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY XXYES 2 \ NO MD BALTIMORE FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21230 USA 1510 LATROBE PARK TERRACE 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ABMED FORCES? 1 YES 2 ANO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Puerto Rican, atc.)

1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced WHITE COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION pecify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Spe Elementary/Secondary (0-12) College (1-4 or 6+) 10th grade CUSTOMS WORKER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at PETER HASPERT MAGDALENE (UNKNOWN) BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 21230 MARIE E. HASPERT 1510 LATROBE PARK TERRACE BALTO., MD 3 20e METHOD OF DISPOSITION
1 Aburlal 2 Cremetion 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State must 4 Donation 5 Other (Specify) HOLY CROSS CEMETERY BALTO., MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY CHARLES L. STEVENS FUNERAL HOME, INC oda ac FORT AVE. BALTO., MD the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or heart failure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition reaulting in death) Dementer event, DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST 6 Injury, PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 246. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE F. M. 1/Hum Atrul shows any 1 TYES 2 TO NO OF DEATH? 1 YES 2 NO PHYSICIAN: . 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item **EXAMINER?** OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) 1 YES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA 6 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d, OESCRIBE HOW INJURY OCCURED Is marked, 1 Natural M 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide DIRECTOR; A hours after d 6 Could not be COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. FUNERAL (= 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. MPORTANT: 29b. SIGNATURE AND TITLE OF CENTIFIES 29c. LICENSE NUMBER

D34951 29d. DATE SIGNED (Month, Day, Year) TO THE F BE 2 AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) + ND 21228 413 mmmwer 32. REGISTRAB'S SIGNATURE

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	Mark Market
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buntal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to buntal, cremation, or removal.	es 1, 2. 3 should
IMPORTANT. If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HAVELENE

	1 - STATE REGISTRAR	CE		ICATE OF	UEALD		REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF	F DEATH			3. TIME OF DEATN	
	BOSTON R.		J	HECTOR		0.3	0.1	19	YEAR	2:17. p M	
- 1	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS	7. DATE OF	BIRTN		8. BIRTH	PLACE (State or Foreign	
	113-50-8897 12M2 [] F	69	YRS.	MONTHS DAYS	HOURS MIN.	(Month, I	14 - Q	2	Country		
	9e. FACILITY NAME (If not institution, give street end number)			9b. CITY, TOWN	OR LOCATION OF		1		ITY OF D	INDAD	
S S	6866 McCLEAN BLVD BALTIMORE										
DIRECTOR	RESIDENCE OF DECEDENT										
E	IOS. COUNTY		10c. CIT	Y, TOWN OR LOCAT	ION					10d. INSIDE CITY LIMITS?	
	Mi) 10e. STREET AND NUMBER				RE CITY					1 TYES 2 NO	
RA				101	. ZIP CODE			10g. CITI	ZEN OF W	HAT COUNTRY?	
FUNERAL	6866 MCLEAN BLVD 11. MARITAL STATUS 12. WAS DECEDED	NT EVER IN U.S. ARM	4ED	12 WE DEC	21234 ENDENT OF HISE				SA.		
	1 Never Married 2 Married FORCES?	1 YES 2 NO	0	Il yes, sp	ecify Cuben, Mex	can, Puerlo Ric	specify tee an, etc.)	or No-	Black	- American Indien, White, etc.	
ВУ	3 Wildowed 4 Divorced	WAR OR DATES		1 U YES	2 NO Spe	city:			Specif	y: LACK	
8	15. DECEDENT'S EDUCATION (Specify only highest grade completed)			USUAL OCCUPATION		16b, K	IND OF BUS	INESS/IND		AUN	
ū	Elementary/Secondary (0-12) College (1-4 or 5	+) #fo. (Do NOT us	e retired.)							
MP		FO	RKLI	FT OPERA	TOR						
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	200			18. MOTHER'S	AME (First, Mid	dle, Meiden S	Sumame)			
BE	CIANGIOS HECT	01									
6	19e. INFORMANT'S NÂME (Type/Print)	19b.	MAILING	ADDRESS (Street e	nd Number or Run	Il Route Number,	City or Town	, State, Zip	Code)		
	ANTHONY MILLER			E. MADIS		BALTIM					
	20e. METHOD OF DISPOSITION DECEMBER 1 DECEM	20b. PLACE AI cemetery, crem		FDISPOSITION (Na ther place)	me of	DATE	20c. LOC	CATION —	City or To	vn, State	
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	MT. Z	ION	CEMETERY	D ADDRESS OF		LAN	DSDO	INE,	MARYLAND	
		2.0	1	JOSEP	H H. BR	OWN JR	. FUN	ERAL	HOMI	E. P.A.	
	Charles U. X	Dullen								P.O.BOX 4433	
	23. PART I. Enter the diseases, or complications the shock, or heart failure. List only one ce	at caused the dea	ith. Do n	ot enter tha mo	da of dying, su	ich as cardla	c or respir	ratory arm	est,	Approximate interval Between	
	IMMEDIATE CAUSE (Final					,				Onset and Death	
		osclerof		Car	diovas	cular	上い	Jear	1		
	DUE TO	OR AS A CONSECU	UENCE OF	7):							
ON	Sequentially list conditions, DUE TO	OR AS A CONSECU	UENCE OF	n:						-	
¥	cause. Enter UNDERLYING									İ	
\simeq 1	CAUSE (Disease or Injury that initiated events		UENCE OF];							
<u>u</u>		OR AS A CONSECU									
RTIF	resulting in death) LAST	O (OR AS A CONSECU									
CERTIFICATION	resulting in death) LAST		COLIN .								
	PART II. Other eignificant conditions contributing to	deeth but not re	sulting i	n the underlying	g ceuse given i	n Part I. 2	Ia. WAS AN /		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
	resulting in death) LAST	deeth but not re	sulting i	n the underlying	g ceuse given i			MED?	24b.		
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MEDICAL	PART II. Other eignificant conditions contributing to	deeth but not re	sulting i			1	PERFOR	MED?	24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
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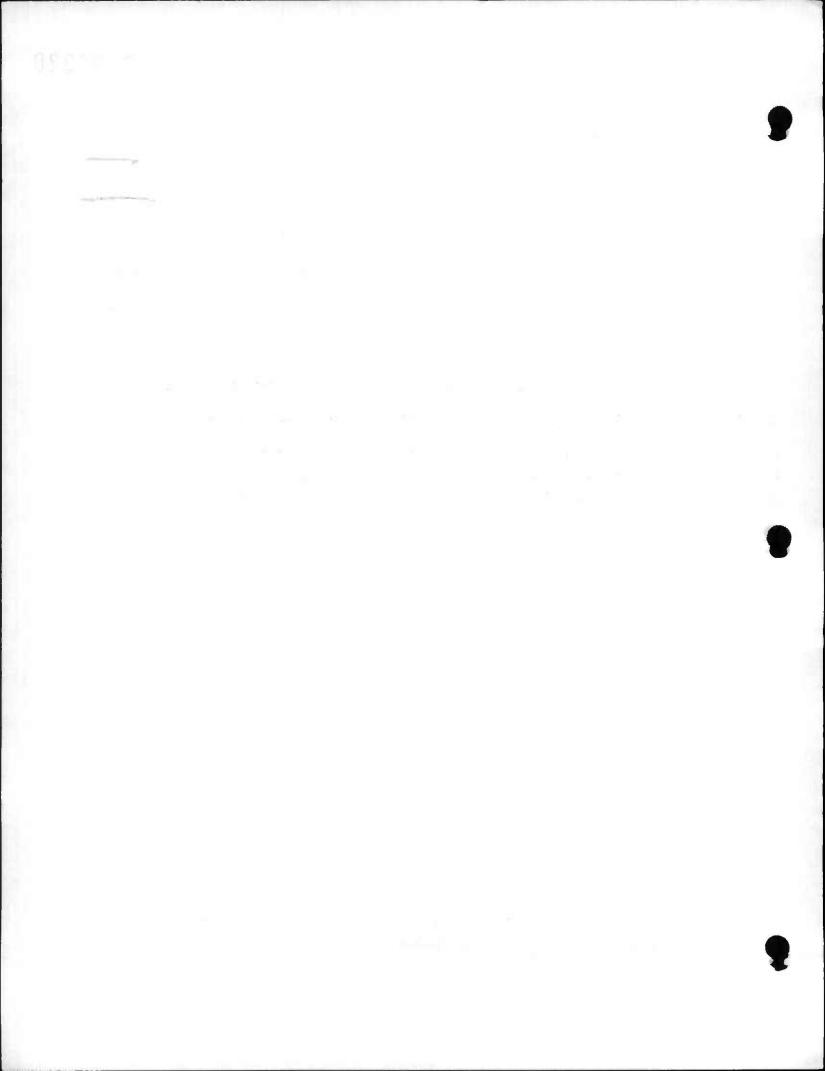
TO THE HOW THE HOSPICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE CLASSIC DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

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DIVISION OF VITAL RECORDS, P.O. BOX 6876L	LOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours	DIRECTOR. After this centificate has been singed by the attending physician and completely filled in
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	FOR STATE REGISTRAR	STATE OF I	MARYLAND C		ITMENT OF			MENTAL	HYGIEN REG. NO.	E	_	00320
()	1. OECEDENT'S NAME (First, Middle, Last)							2. DATE C	F OEATH			. TIME OF DEATH
. "	VIOLA T III IA	LM						MONTH	D/		YEAR	1.40 PM
	4. SOCIAL SECURITY NUMBER	5. SEX						7. DATE O	FBIRTH		B. BIRTHPL	ACE (State or Foreign
3	212 22 2747	1 M 2 F						8 1	Day, Year)		Mary)	land Delawar
- 3	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH											
DIRECTOR	GREATER BALTIMORE MEDICAL CENTER TOWSON									Ba	ltim	ore
E E	10a. STATE 10b. COUNTY	10s. STATE 10b. COUNTY				ATION					1	Od. INSIDE CITY LIMITS?
1	MD				<u> </u>	Bal	timo	re			1	YES 2 NO
FUNERAL	10e. STREET AND NUMBER					of. ZIP COD	E			10g. CITIZ	EN OF WH	AT COUNTRY?
19	4601 Arabia	Ave				21	214			U.S	.A.	
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT FORCES? 1	T EVER IN U.S. A	RMED NO				NIC ORIGIN?	(Specify Yes	or No-	4. RACE Block, 1	- American Indian, White, atc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE Y	WAR OR DATES			S 2 NO			, ,		Specify:	
	15. OECEOENT'S EDUC	CATION	100.0	ECEDENTIA	USUAL OCCUPA						Whi	te
13	(Specify only highest grade	completed)	2	Give kind of a le. Do NOT us	work done during i	nost of worki	ng	160.	KIND OF BUS	SINESS/INOU	STRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	F)		Employe	d		I	Restur	antue	r	
OM	17. FATHER'S NAME (First, Middle, Last)	-				18. MOT	HER'S NA	ME (First Mi	ddle, Maiden	Sumamel		
BEC	Salvatore	J.	Testa				Cr	ristir	ıa	М.	Sim	one
0	19a. INFORMANT'S NAME (Type/Print)	Dogowa			ADDRESS (Stree							
	Mrs. Christine J.	Rogers			Pot Spr		coad,	Timo				
. 1	20s. METHOD OF DISPOSITION 1 (XBurial 2 Cramation 3 C) Name	ovel from State	20b.PLACE cemetery, cr	AND DATE	OF DISPOSITION (Vame of		DATE	77.	CATION — C		NO COLOR
	4 □ Donation 5 □ Other/Specifical 21. SIGNATURE OF FLIBERIAL RESIDECE LIG	la company	Most I	Holy	rher place) Redeeme		3/7/		Bal	timor	e, M	aryland
1 1	21. SIGNAPORE OF ELECTRIC RESIDENCE CO.	1211			Ruck	TOWSO	n Fu	our ineral	Home	. Inc		
	Errest L. Fe	ist III			1050							204
	23. PART L Enter the disesses, or of shock, or heart falliure.	complications the	t caused the d	eath. Do	not enter the m	ode of dy	ing, suc	h ss cerdi	sc or respl	ratory arre	at,	Approximata
	IMMEDIATE CAUSE (Final	Liat Only Drie Cet	ise on eech lin	е.								Interval Between Onset and Death
	disease or condition resulting in death)	CAF	DIORESP	IRATO	RY ARRI	ST						
		DUE TO	(OR AS A CONSE	EOUENCE O	F):							
Z	Sequentially list conditions,	SEF	SIS									
Ĕ	If any, laeding to immediate		(OR AS A CONSE				*					
걸	cause. Enter UNDERLYING CAUSE (Disease or Injury	a are	Devate (OR AS A CONSE	2	Prieu	res	CR.					
ERTIFICATION	that initiated events resulting in death) LAST	DUE 10	OR AS A CONSE	OUENCE O	F) ^y							
CER		d										
	PART II. Other significant condition	e contributing to	death but not	reaulting	In the underly	ng cause	given in	Part I.	24a. WAS AN	AUTOPSY/	24b. W	PERE AUTOPSY FINDINGS
MEDICA	dementer								PERFOR	/	0	OMPLETION OF CAUSE
Ä	essented.	thron	Maris	tase	5							F DEATH?
=	gangrenan		exal.	18	- Lio	-		_				G 121 2 G 111
PHYSICIAN:	25. WAS CASE REFERENCE TO MEDICAL EXAMINER?		- CLV		26.	PLACE OF E	EATH (Ch	eck only one	1		1	
Sic	1 YES 2 NO	HOSFITAL: 1 ☑ Inpetient 2	ER/Outpatient	3 🗆 DOA	OTHER:	me 5 🗆 R	saidence	8 🗆 Other	(Specify)			
È	27. MANNER OF CEATH	28a. DATE OF		28b. TIM	E OF 28c. II	JURY AT				NJURY OCCL	IRED	
ВУР	1 Natural 5 Pending	(Month, E	wy, rear)	IN		YES 2	□ NO					
	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE C	F INJURY At h	ome, farm,	street, factory, of	lca				and Number o	r Rural Rou	rte Number,
ETED	4 Homicide determined	bullong,	etc. (Specify)					Gity or	Town, State)			
ا د	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of	my knowledge, d	eath occur	ed at the time, da	ta and place	and due	to the coun	e(a) and man	ner en eleter	4	
COMPL	(Check only one) 2 MEDICAL EXAMINE											nd menner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIED					-	ENSE NUI					
BE	+ Dlung 1	Jano.	11.0	1 .		-	24	151		DATE	/ -/	fonth, Day, Year)
임	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAU	SE OF DEATH (IT	EM/27) (Type	Print)	(ك	7	14			1 - / 1	
		WBERG	113	/1	-	20	L	UTH.	LV10	LE	MO	21093
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	R'S SIGNATURE	2						1		
"	MAR 0 6 1992	KHILLA JA	vidson-Ran	notable								



DHMH-18 Rev 1/89

BALTIMORE, MARYLAND 21203-314	after death. Page 6 may be retained by the hospital or attending I	by the funeral director, page 5 should be detached for use as the Imoval.	ical examiner must be notified at once.
	NOUR	led in	реш 6
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending it	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the is the first within 72 hours after death with the State Debt, of Health and Mental Hyglene prior to burial, cremation, or removal.	INPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DINISIC	TO THE HOSPITAL OR ATTENL	TO THE FUNERAL DIRECTOR:	IMPORTANT: If Item 28 is

				CATE OF			EG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)		-10-25				2. DATE OF MONTH	OEATH DAY	YEAR	3. TIME OF DEATH	
Rose Anna Johnson	1					Februa		1992	11:45 A	
4. SOCIAL SECURITY NUMBER 006 14 3127	5. SEX 8.	AGE (In yrs. last i		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF I	BIRTH by. Year) ary 1	9,192	PLACE (State or Foreign Maine	
9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH									DEATH	
Malcolm Grow USAF Medical Center Andrews AFB, MD Prince Ge										
Maine Aroc	ostook			ckholn					10d. INSIDE CITY LIMITS? 12 YES 2 NO	
Main Street					21P CODE 4783			SA	WHAT COUNTRY?	
11, MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EX FORCES? 1 IF YES, GIVE WAR	YES 2. NO	ED)	If yes, sp	ENDENT OF HISPAI city Cuban, Mexico # NO Specif	in, Puerto Rica		Spec	E — American Indian, k, White, etc. i/y:	
15. DECEDENT'S EDU (Specify only highest grade		16a. DEC	EDENT'S U	SUAL OCCUPATION	N et of working	16b. KH	ND OF BUSINES			
Elementary/Secondary (0-12)	College (1-4 or 5+)	Ret		rk done during mo retired.) Clerk		Gr	ocery	Stor	e	
17. FATHER'S NAME (First, Middle, Lest) Isadore Viel				3	Delina			ame)		
19a. INFORMANT'S NAME (Type/Print)		nd Number or Rural	Route Number,	City or Town, Str	ete, Zip Code)					
Al Johnson					above					
20a METHOD OF DISPOSITION 1 2 Burlet 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	novel from State	Stother ATT	pisposi dere	TON (Name of cer Sa S Ceme te	netery, cremetory or 3/4	/92	20c. LOCATION	holm,	own, State Maine	
21. SIGNATURE OF FUNERAL SERVICE LIN	Wark	u		IVes-	Pearso	n Fun	eral 22201	Homes		
disease or condition resulting in death) a. Overwhelming Sepsis Due to (or as a consequence of): Pancytopenia Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events Due to (or as a consequence of): GastroIntestinal Bleed Due to (or as a consequence of):										
PART II. Other algnificant condition	dna contributing to de	eth but not re	eulting in	the underlyin	g cause given in	Part I. 24	e. WAS AN AUT		b. WERE AUTOPSY FINDIN AVAILABLE PRIOR TO	
						_ 1	YES 2	NO	COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO	
25, WAS CASE REFERRED TO MEDICAL				26 Di	ACE OF DEATH #2	heck only one)	_			
EXAMINER?	AL 26. PLACE OF DEATH (Check only one) HOSPITAL: 1 12 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)									
	28a. DATE OF IN. (Month, Day,	IURY	28b. TIME	OF 28c. IN.	URY AT		IBE HOW INJUI	RY OCCURED		
27. MANNER OF DEATH 1 📉 Natural 5 🗌 Pending	2 Accident Investigation			JURY — At home, farm, street, factory, office			281, LOCATION (Street and Number or Rural Route Number, City or Town, State)			
1 Netural 5 Pending Investigation 3 Suicide 6 Could not be	28e. PLACE OF If building, etc	IJURY — At hon. (Specify)				City Cit 1	own, state)			
1 Neturel 5 Pending Investigation 3 Suicide 4 Homicide Could not be determined 29e. CERTIFIER Check only	28e. PLACE OF III building, etc.	knowledge, dae	th occurred			e to the cause	(a) and manner		(a) and manner se stated	
1 Neturel 5 Pending Investigation 3 Suicide 4 Homicide Could not be determined 29e. CERTIFIER Check only	BICIAN: To the best of my	knowledge, dae	th occurred			e to the cause a time, date an	(a) and manner d place, and du	e to the cause	(a) and manner se stated D (Month, Day, Year)	
1 Meturel 2 Accident 3 Suicide 4 Homicide 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	BICIAN: To the best of my	knowledge, dae	th occurred		eath occured at the	e to the cause a time, date an	(a) and manner d place, and du	e to the cause	D (Month, Day, Year)	
1 Meturel 2 Accident 3 Suicide 4 Homicide 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	BICIAN: To the best of my ER: On the basis of sxan	knowledge, das Ination and/or in	th occurred westigation 1 27) (Type, 1	in my opinion, o	eath occured at the	to the cause a time, date an MBER	(a) and manner d place, and du 29 Medica	d. DATE SIGNE Feb 28	D (Month, Day, Year)	

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	RTIF	ICATE O	F DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) ROSEMARY A	KESKA					2. DATE OF MONTH 03 05		Y	YEAR	3. TIME OF DEATH
							03 05	92		1000	12 00A M
	4. SOCIAL SECURITY NUMBER 213 01 7429	5. SEX 1 ☐ M 2 🌠 F	8. AGE (In yrs. less	birthday) YRS.	IF UNDER 1 YEA		7. DATE OF (Month, D)	BIRTH ay. Year) 4 191	7	Countr	IPLACE (State or Foreign y) Cyland
	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY, TOW	N OR LOCATION OF D	EATH		9c. COUN	ITY OF D	-
TOR	GREATER BALTIMORE	TOWS	ON			BALT	IMOR	Œ			
ñ	10a. STATE 10b. COUNT	4		10c. CITY	, TOWN OR LO	CATION					10d, INSIDE CITY
5	MD BALTI	MORE		BAL	TIMORE	Towson					LIMITS? 1 YES 2 X NO
FUNERAL DIRECTOR	8211 THORNTON RD					21204			0/3	S.A	WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 J IF YES, GIVE W	YES 2 N		If yes,	ECENDENT OF NISPAI specify Cuban, Mexico ES 2 NO Specifi	n, Puerto Rice	specify Yes n, etc.)	or No-	Black	— American Indian, k, White, atc. My; 11te
9	15. DECEDENT'S EDU		16e. DE0	EDENT'S	USUAL OCCUPA	TION	16b. KI	ND OF BUS	INESS/IND		
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +)		ne kind of w Do NOT us Mema	rork done during e retired.) ker	most of working		Own H	Iome		
8	17. FATNER'S NAME (First, Middle, Last)					18. MOTNER'S NA	ME (Cloud Adicto	to Admirton (Promonet		
BE C	Joseph Ober	:le				Ann		io, Maruoti (Knoe	rr	
TO B	19e. INFORMANT'S NAME (Type/Print)		19b	MAILING	ADDRESS (Stree	t end Number or Rural	Route Number,	City or Town	, State, Zip	Code)	
ř	Mr. Edward F. Kes	ka	s	ame	as #10	a - #10f					
	29a. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 House 4 Donation 5 Distance (Special)		20b. PLACE A cometery, created MOS C	ND DATE O	r disposition her place) Redeem	Name of 3/9/9	DATE 92		ation — caltim		wn, State Maryland
	Ernest L. Fe	ist III				Towson F		Home	, In	c.	
\neg					1050	York Rd.	Towso	n. Ma	ryla	nd 2	
	23. PART I. Enter the disease, or cahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition	List only one cous	e on each line.			node of dying, suc	h ae cerdiec	or reapir	atory arm	∍at,	Approximata Interval Between Onset and Daath
1	resulting in death)		OR AS A CONSEO								
Z	Sequentially list conditions,	b. HTN									10×10
Ĕ	if any, leading to immediate cause. Enter UNDERLYING	•	OR AS A CONSEO		•						13×12
	CAUSE (Disease or Injury that Initiated events	c. OLD MYO	CARDIAL OR AS A CONSEO			S					13VR
CERTIFICATION	resulting in death) LAST	d			•						
	PART II Other significant condition										
DICAL	PART II. Other significant condition	a contributing to d	leeth but not re	sulting in	n the underly	ng cause given in		PERFORM	MED?	24b.	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEI								_ ,	34.0		OF DEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL										
200	EXAMINER?	HOSPITAL:			OTHER:	PLACE OF DEATH (Ch					
¥	27. MANNER OF DEATH	1 Inpatient 2		28b. TIME		MJURY AT			HIRV OOG	1000	
BY PI	1 Natural 5 Pending	(Month, Day	(Year)	INJL	JRY	YORK?	28d. DEŞCRI	BE NOW IN	JURY OCC	UHED	
0	2 Accident Investigation 3 Suicide 8 Could not be	26e. PLACE OF	INJURY — At hon	ne, ferm, at	treet, factory, of	lice	281. LOCATIO	N (Street er	nd Number	or Rural R	oute Number,
	4 Homicide determined						City of R	wn, State)			
교	(Check only 1 CERTIFYING PNYS)	CIAN: To the best of m	y knowledge, dea	th occurre	d at the time, d	te end place, and due	to the cause(e) end mann	ner as state	d.	
COMPLETE	one) 2 MEDICAL EXAMINE	R: On the basis of exa	mination and/or in	rvestigation	n, in my opinion	death occured at the	time, date end	place, end	due to the	CRUSO(0)	and manner ee stated,
BE (29b. SIGNATURE AND TITLE OF CENTURAL	81.0)	29c LICENSE NUI	ABER /		29d. DATE	SIDNED	(Moreth, Day, Wear)
2	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE	OF DEATH (ITEM	27) (Type,	Print)	1011	174		-3	10	
	Vount)) woo	inle		LGY	LECUM	SOAL	NU	De	2	21093
	MAR 0 6 1992	Julia David	'S SIGNATURE	20							

TO THE FIGURE OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE LIBERTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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after death. Page 6 may be retained by the hospital or attending physician. page 5 should be detached director, the funeral filled in by DOURS 00 cremation. and completely fi executed within signed by the attending physician a Health and Mental Hygiene prior to OR ATTENDING PHYSICIAN: The law requires that the death certificate be has been signed by the Dept. of Health and m 23 shows any In certificate h d de with t L DIRECTOR: After the hours after death william 28 is mark DIVISION TO THE HIGHLIGHTAL OF THE BALL OF THE WAY 72 M HOSPITAL

Item: 24aper MEO G-685 3/13/92 100 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO 1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH 3. TIME OF OFATA Craig Scott Kirby 12001 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthdey) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. OATE OF BIRTH (Month, Day, Yea 8. BIRTHPLACE (State or Foreign 36 MONTHS DAYS HOURS 1 🛛 M 2 🗌 F 217-62-3670 YRS. 3-22-55 Maryland 9a. FACILITY NAME (If not institution, give atreet and number) 9c. COUNTY OF CEATH 9b. CITY, TOWN OR LOCATION OF DEATH RECTOR 17000 block of Troyer Rd Monkton Baltimore RESIDENCE OF DECEDENT 10b. COUNTY 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland 0 Baltimore 1 YES 2 NO Monkton 10a. STREET AND NUMBER FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 17001 Troyer Rd. 21111 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuban, Maxican, Puerto Rican, atc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES 2 XNO 1 Never Married 2 Married BY 1 YES 2 XNO Specify: 3 Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) 12 yrs College (1-4 or 5+) Seafood Buyer E. Goodwin and Son 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) John W. Kirby Lois G. Pierce 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 John W. Kirby 17001 Troyer Rd. Monkton, Md. 21111 20a. METHOD OF DISPOSITION
1 ☐ Buriel 2 🔀 Cremetton 3 ☐ Removal from State 20b. PLACE OF DISPOSITION (Name of cametery crematory or 26c. LOCATION - City or Town, State 4 Donation 8 Other (Specify) Hilltop Service Corp. Towson, Md 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND AODRESS OF FACILITY Ruck Towson Funeral Home, Inc. 1050 York Rd. Towson, Md. 21204 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, **Approximete** shock, or heert failure. List only one ceuse on each line. Interval Between Onset and Death hotgun Hound To Head **IMMEDIATE CAUSE (Final** disease or condition resulting in death) DUE TO JOR AS A CONSEQUENCE OF CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other eignificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? **AMAILABLE PRIOR TO** COMPLETION OF CAUSE 2 DY NO OF DEATH? 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERENCED TO MEDICAL EXAMINER?

1 YES 2 NO 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Nursing Home 5 Residence 8 Quiter (Specify) 27. MANNER OF DEATH 28a, DATE OF INJURY 28c. INJURY AT 1 Natural 5 Pending Investigati 92 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY - At he 3 2 Sertide 281. LOCATION (Street and Number or Rural Route Numbe ETED. Could not be TOWERK 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my COMPL 2 | M20ICAL EXAMINER: On the basis of examin 29b. SIGNATURE AND TITLE OF CERTIFIE 29d. DATE SIGNED (Month, Day, Year) BE Drouller 0938 3 2 ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) 5 Res 1 1 32. REGISTRAR'S 31. OATE FILED (A MAR 0 6 1992 whia Davidson-Bandale

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permit. Pages 1, 2, 3 should

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	1 - FOR STATE REGISTRAR	STATE OF MARYLAND		TOF HEALTH A		AL HYGIEN	-	2 06332		
1	1. DECEDENT'S NAME (First, Middle, Last) THOMAS	J. Kozho	uski,	SR.		TE OF DEATH DO	4.199	3. TIME OF DEATH	м	
	205055733	5. SEX 6. AGE (In yrs.	YRS. MONTH		MIN.	TE OF BIRTH Onth, Day, Year) AY 83	14 F	BIRTHPLACE (State or Foreign Country)	A	
CTOR	9a. FACILITY NAME (If not institution, give str	et and number)	-	TY, TOWN OR LOCATION	OF DEATH	,	BAL BAL			
L DIRECTOR	10a. STATE 10b. COUNTY		BALT	inors				10d. INSIDE CITY LIMITS? 1 YES 2 \(\) NO		
FUNERAL	10. STREET AND NUMBER 3505 CHSS 11. MARITAL STATUS	LSV AVS 12. WAS DECEDENT EVER IN U.S.		101. ZIP CODE	34		U	S. A.		
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced		ARMED 1:	If yes, specify Cuban, I	HISPANIC ORK Mexican, Puerl Specify:	GIN? (Specify Yea to Rican, atc.)	or No- 14.	RACE — American Indian, Black, Whita, atc. Specify:		
LETED	15. DECEDENT'S EDUC: (Specify only highest grade of Elementary/Secondary (0-12)	completed)	Iffo. Do NOT use retired	e during most of working	1	66. KIND OF BUS	SINESS/INDUST	TRY		
COMPLET	17. FATHER'S NAME (First, Middle, Last)		175C108	18. MOTHER	R'S NAME (Firs	t, Middle, Maiden	Sumana)	W2125T		
BE C	THOMAS KO	32Louski		MA	RTH	A AO	AMA	VAGE		
5	190. INFORMANT'S NAME (Type/Print)	2805	196. MAILING ADDRE	SS (Street and Number or	Rural Route Nu	imber, City or Town	n, State, Zip Coo	de)	П	
	20a. METHOD OF DISPOSITION 15 Buriel 2 Cremation 3 Remove 4 Donation 5 Other (Specify)		CEAND DATE OF DISPO	al la	ERV 3	ATE 20c. LO	CATION - CHY	or Town, State		
	21. SIGNATURE OF PHINERAL SERVICE LICE	NELMS	22	NAME AND ADDRESS	OF FACILITY	OF MS	MOR	iss Ankvills		
	23. PART I. Enter the diseases, or co shock, or heart fallure. Li	omplications that caused the list only one cause on each ii	death. Do not ente	er the mode of dying	, such as co	ardiac or respi	ratory arreat	, Approximate Interval Between	en	
	IMMEDIATE CAUSE (Final disease or condition resulting in death) ACUTE RULINUNARY EDEMA.									
NO	DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
ICAT	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	LEFT YE	NTRICE	LAP DY	SEV	NCT	ON			
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS A CONS	EFOTE C	HOAPT	DI	SEASE	079			
A.	PART II. Other significant conditions	contributing to death but no	t resulting in the t	inderlying cause give	en in Part I.	24s. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE	S	
PHYSICIAN: MEDIC						1 1 163 2	, no	OF DEATH? 1 YES 2 NO		
ICIAI		HOSPITAL:	OTHE	28. PLACE OF DEAT	TH (Check only	one)				
HYS	1 TES 2 NO 27. MANNER OF DEATH	1) Inpatient 2 ER/Outpatient 28a. DATE OF INJURY	3 DOA 4 N	26c. INJURY AT		her (Specify) ESCRIBE HOW II	JURY OCCUR	ED	4	
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	M	WORK?						
8	3 Suicide 6 Could not be 4 Homicide detarmined	26s. PLACE OF INJURY — At building, etc. (Specify)	home, farm, atreet, fa	ctory, office	281. L.C	CATION (Street a ty or Town, State)	nd Number or F	Rural Route Number,		
COMPLET		IAN: To the best of my knowledge, : On the beals of examination and/o						use(s) and manner as stated.		
BE	296. SIGNATURE AND TITLE OF CERTIFIER	they with		29c. LICENS	E NUMBER	7.	29d. DATE SH	GNED (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (IT	TEM 27) (Type, Print)				111	1101.5,1118		
	MAR 06 1992	Jama Daydon-Aar	delle	-					٦	

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AL RECORDS, P.O. BOX 68/60, BALTIMORE, MARYLAND 21215-0020	d within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the hurtal-transit narmit	, cremation, or removal.	and the second of the second o
DIVISION OF VILAL RECORDS, P.O. BOX 687	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and con	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT is from 20 to months or from 22 shows and fairnes as able to be made the months and the manufacture of the months of t

	REGISTRAR CERTIFICATE OF DEATH REG. NO.
	1. DECEDENT'S NAME (First, Middle, Last) Nildred R Kimme. 1 2. DATE OF OEATH MONTH 3 6 1993 4:05 A
	4. SOCIAL SECURITY NUMBER 219-66-6835 1 M = F
E S	Se. FACILITY NAME (If not institution, give street end number) Stelle Maris Towson Md Balto Balto
唱	Maryland Baltimore Towson 10c. city, town or location 10d. inside city Limits?
FUNERAL	2300 Dulaney Valley Rd. 101. ZIP CODE 21204 109. CITIZEN OF WHAT COUNTRY? USA
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 1 Never Merried 2 Merried 1 Never Merried 3 Merried 1 Never Merried 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If yes, apocity Cuben, Mexican, Puerto Rican, etc.) 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—Black, White, etc.) 14. RACE — American Indian, Black, White, etc. 1 YES 2 NO Specify: White
COMPLETED	15. DECEDENT'S EOUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 Years 15. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) HOMEMAKEY 16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) HOME
OM	17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surneme)
E C	John W. Russell Mary Joyce
TO B	190. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1515 Jeffers Rd. Towson, Md. 21204
	20e. METHOD OF DISPOSITION 20e. METHOD OF DISPOSITION 20e. METHOD OF DISPOSITION 20e. METHOD OF DISPOSITION 20e. METHOD OF DISPOSITION 20e. LOCATION — City or Town, State 20e. LOCATION — City or Town, State 20e. LOCATION — City or Town, State 20e. Method of Disposition (Name of Comments) 20e. Method of Disposition (Name of Comments) 20e. LOCATION — City or Town, State 20e. Method of Disposition (Name of Comments) 20e. Method of Disposition (Name of Comments) 20e. Method of Disposition (Name of Comments) 20e. Method of Disposition (Name of Comments) 20e. Method of Disposition (Name of Comments) 20e. Method of Disposition (Name of Comments) 20e. Location — City or Town, State 20e. Location — City or Town, State 20e. Method of Disposition (Name of Comments) 20e. Method of Disposition (Name of Comments) 20e. Location — City or Town, State 20e. Location — City or Town,
TO BE COM	21. SIGNATURE OF FUNERAL SERVICE LICENSES. 22. NAME AND ADDRESS OF FACILITY. Mitchell-Wiedefeld Home, Inc. 6500 York Rd. Baltimore, Md. 21212
ERTIFICATION	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Care bas Vascular Accident Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death
22	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED? AMILABLE PRIOR TO AMILABLE PRIOR TO
: MEDICAL	1 YES 2 NO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? LACED TO MEDICAL LACED TO DEATH (Check only one)
IYSICIAN: ME	1 VES 2 NO 1 Inpatient 2 NOutputient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)
B	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation 28e. DATE OF INJURY (Month, Pay, Vear) 28b. TIME OF INJURY AT WORK? 1 YES 2 NO 28d. DEŞCRIBE HOW INJURY OCCURED
ETED	3 Suicide Could not be determined 28e. PLACE OF INJURY — At home, ferm, streef, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, ferm, streef, factory, office City or Town, Stete) 281. LOCATION (Street end Number or Rural Route Number, City or Town, Stete)
O BE COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end menner as stated, one) 2 MEDICAL EXAMINER: On the basis of exemination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) end manner as stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year)
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Eddic Vakhuda . M.D 2300 Dulaney Valley Rd Towson Modabo 31. DATE FILED (Morith, DB); Your) 32. REGISTRAR'S SIGNATURE
	MAR 6 1992 Julia Javidson-Randalle

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Christian Harrist Liverill

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	REGISTRAR				CERTIF	ICAIL	OF L	DEAL	п	REG. NO				
	1. DECEDENT'S NAME (First, Mid	ddle, Last)								2. DATE OF DEATN			3. TIME OF DEATH	
	HAROLD LEROY KRAHN								March 2 1992		YEAR	M		
	4. SOCIAL SECURITY NUMBER		5. SEX		s. lest birthday)	IF UNDER 1	YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH	1992	B. BIRTH	IPLACE (State or Foreign	
	131-18-4307		1 2 M 2 F	65	YRS.	MONTHS	DAYS I	HOURS	MIN.	(Month, Day, Year)	026	Countr	γ)	
	90. FACILITY NAME (If not institute	tion ohe et	Λ	0.5		9b. CITY, 1	201121 00			May 23,1			Maryland	
Œ			real end number)						ON OF DE	AIN	100.00	JNTY OF D		
0	7576 Ives La					Dur	ndali	K] Ba	altin	nore	
EC		b. COUNTY			10c. CIT	Y, TOWN OR	LOCATIO	DN			-		10d. INSIDE CITY	
E	Maryland	Pa1+	imore										LIMITS?	
7	100. STREET AND NUMBER	Dar	rmore			Dunc	dalk	-					1 YES 2 NO	
AA	The state of the s						101. 2	ZIP CODE					WHAT COUNTRY?	
FUNERAL DIRECTOR	7576 Ives La	ane						212				J.S.A		
5	11. MARITAL STATUS		12. WAS DECEDE FORCES?	T EVER IN U.S	ARMED NO.	13. W	AS DECEN	NDENT O	F NISPAN	HC ORIGIN? (Specify Yen, Puerto Rican, etc.)	s or No-	14. RACI	E — American Indian, k, White, etc.	
BY	1 Never Merried 2 Mer 3 Widowed 4 Divorced			MAR OR DATES			YES 2					Spec		
				WW I		_ L		**					White	
ĕ	15. DECEDE (Specify only hig	NT'S EDUC	CATION completed)	166	Give kind of	USUAL OCC	CUPATION	of workin	a	16b. KIND OF BU	SINESS/IN	DUSTRY		
Щ	Elementary/Secondary (0-12)		College (1-4 or 5	+)	life. Do NOT u	se retired.)			•					
MP	10 yr's				Outsid	de Mad	chin	ist		Bethle	hem S	Steel	Shipyard	
COMPLETED	17. FATHER'S NAME (First, Middle	e, Last)							ER'S NA	ME (First, Middle, Maiden	Surneme)			
BE (Henry M.	. k	rahn					C	athe	erine E	lizat	et.h	Krammer	
8	19e. INFORMANT'S NAME (Type/	Print)			19b. MAILING	ADDRESS (Street end			Route Number, City or Tow			THE CHILITEE	
5	Mrs. Marie H	H. Kr	rahn			as #								
	20e. METHOD OF DISPOSITION			20h PL	CE AND DATE			n of	-	DATE 20c. LO	CATION	City or To	num Otata	
	1 Gurial 2 Cremation 3	3 Rame	ryal from State						210			2210		
	21. SIGNATURE OF FUNERAL SE				darue		AME AND				HTTI	nore.	MQ.	
			10							neral Home	of [lunda	1k Inc	
	an	7 DC	-(0	while	22	70	122	Wise	Ave	Baltime	ore N	ID 2	1222	
	23. PART I. Enter the disee	ses, or c	omplicatione th	it caused the	death. Do	not enter ti	he mode	e of dyi	ng, sucl	h se cardiac or resp	iratory a	reat,	Approximata	
	IMMEDIATE CAUSE (Final	t tellure, i	List only one ca										Interval Between Onset and Death	
	disease or condition		RE	SPIRA	ma.	. 4	00	ES	T				MINUTES	
	resulting in deeth)	1	DUE TO	IOR AS A CO	MSEQUENCE O	11	ich	د عد	1				בפומחוזי	
				TAC	TAT		1 . 7	10	-	CANCE	0			
_			ME		disease or condition disease or conditions, Sequentially list conditions, Due to (or as a consequence of): METASTATIC LUNG CANCER Due to (or as a consequence of): Due to (or as a consequence of):									
NO			ME DUE TO	108 AS A CO	NSEQUENCE O	F):	40			Chille				
ATION	if any, leeding to immediate	e	DUE TO	(OR AS A CO	NSEQUENCE O	F):	40			CAMPLE				
FICATION	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	e	DUE 10	OR AS A CO	NSEQUENCE O	F):	L U							
TIFICATION	if any, leeding to immediate cause. Enter UNDERLYING	e	DUE 10	OR AS A CO	NSEQUENCE O	F):				CAMPLE				
CERTIFICATION	if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events	e	DUE 10	OR AS A CO	NSEQUENCE O	F):				CAMPLE				
L CERTIFICATION	if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	{	DUE TO	(OR AS A CO	NSEQUENCE O	F): F):				Part i. 24a, WAS AN	AUTOPSY	246	WERE AUTOPSY FINDINGS	
	if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events	condition	DUE TO	(OR AS A CO	NSEQUENCE O	F): F): In the und	erlying (Part I. 24e. WAS AND PERFOI	AUTOPSY	246	AVAILABLE PRIOR TO	
DICAL	if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent of CO LDNAM	condition	DUE TO	(OR AS A CO	NSEQUENCE O	F): F): In the und	erlying (Part i. 24a, WAS AN	AUTOPSY	246		
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BY PHYSICIAN: MEDICAL	if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent of COLONATO PLOSTATI 25. WAS CASE REFERRED TO ME EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pend Invet 3 Suicide a Coul	EDICAL ding stigetion	DUE TO DUE TO S. CANCE HOSPITAL: 1 Inputient 2 280. DATE O (Month.)	deeth but r	NSEQUENCE O	OTHER: 4 Nursir	28. PLAG	CE OF DI	EATH (Che	Part I. 24a. WAS AN PERFO! 1 YES 2 ack only one) 6 Other (Specify) 26d, DESCRIBE NOW I	AUTOPSY IMED?	CCURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
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31. DATE FILED MAR OB 1992

DHMH-16 Rev 1/89

BALTO

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If tem 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1575 A B

The State Below have fully

Tender of the service

Service Property of State of S

Committee of

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within \$\(\tilde{\alpha}\), rours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 is filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE OF MARYLI	AND / DEPARTM	ENT OF HI	EALTH AND N DEATH	MENTAL HYGIENI REG. NO.	•	_ 00000
	James Howard Lewis Sr.				2. DATE OF DEATH MATCH 4	199	3. TIME OF DEATH 12:00pm
	The contract of the contract o		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIFITH (Month, Day, Year)	8. B	IRTHPLACE (State or Foreign ountry)
I	216-22-6960 1x M 2 D F	64 YRS.			07 16 1	927	Maryland
TOR	99. FACILITY NAME (If not institution, give atreet and number) Sollers Point Rd. 17 RESIDENCE OF DECEMENT		undall	R LOCATION OF DE	ATH	Balt:	
DIRECTOR	10a. STATE Maryland Baltimore	Dund	own on Locati alk	ON			10d. INSIDE CITY LIMITS? X 1 YES 2 X
FUNERAL	Sollers Point Rd. 17		101.	21222		Uni	of WHAT COUNTRY? ted States
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, spe				RACE — American Indien, Black, White, atc. Specify: White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of work life. Do NOT use n	done during mos tired.)	t of working			Industrys
MP		Truck	Drive		Brow:		Ferris "
8	17. FATHER'S NAME (First, Middle, Last) David NMN Lewis			Shir		known	
BE	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING AD	DRESS (Street ar		Route Number, City or Town		lo)
2	Shirley Lewis	Holab	ird Av	re. 722	5 Dunda		
	20a METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Removal from Stata 4 Donation 6 Other (Specify)	other place) Garriso		41.		ngs M:	ills, Md.
10	21. BIGHATURE OF FUNERAL SERVICE LICENSEE Mark & Doma	che	W. Dal		-Cnojnac		neral Chapel Md.21224_
	23. PART I. Enter the diseases, or complications that caused shock, or heart failure. List only one cause on a IMMEDIATE CAUSE (Final disease or condition resulting in death)					ratory arrest,	Approximate Interval Between Onset and Death
z		CONSEQUENCE OF):	U				
CATIO	If any, leading to immediate cause. Enter UNDERLYING	A CONSEQUENCE OF):					
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	A CONSEQUENCE OF):					
BY PHYSICIAN: MEDICAL CI	PART II. Other eignificant conditions contributing to death to Chronic to participate of the Chronic operations of the Chr		scolar			MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		26. PL	ACE OF DEATH (Ch	eck only one)		
YSI	1 YES 2 NO 1 Inpetient 2 ER/Out	patient 3 DOA 4	☐ Nursing Hom		6 Dther (Specify)		
3Y PH	27. MANNER OF DEATH J. Natural 5 Pending 2 Accident Investigation	28b. TIME (Y WO	URY AT PRK? YES 2 NO	28d. DEŞCRIBE HOW	NJURY OCCUR	ED
		Y — At home, farm, stre cify)	et, factory, offic	•	28f. LOCATION (Street City or Town, State		Bural Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my know one) 2 MEDICAL EXAMINER: On the basic of examination			Control Indian	-110-11-1-1-1-1		ause(e) and manner as stated.
BE	296, SIGNATURE AND TITLE OF CERTIFIER J.C. O JONOVA, M.D.	/m e		29c. LICENSE NU	MBER 632	29d. DATE SI	GNED (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE	EATH (ITEM-27) (Type, P	DALIC	AVE.,	BALTO.	MD.	2122
	31. DATE FILED (MONTH), Day, Your) 32. REGISTRAR'S SIGN MAR (6 1992) Junia Davidson	NATURE					

BALTIMORE, MARYLAND 21215-0020	YSICIAN: The law requires that the death certificate be executed within a rouns after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HASPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	IN THE FAIL DIRECTOR: After this certificate has been signed by the attending physician and completely be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremati	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND				HYGIENE
	ERTIFICATE	OF DEATI	H	REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIENI REG. NO.	_	
	1. DECEDENT'S NAME (First, Middle, Lest) MARVIN	Marvin	L. Loud	ermild		2. DATE OF DEATH MONTH DA		3. TIME OF DEATH 92 6:50 P M
	4. SOCIAL SECURITY NUMBER 214-56-6158	1 M 2 F	(In yrs. lest birthday) 39 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 03/01/19		BIRTHPLACE (State or Foreign Country) [aryland
Œ		De. FACILITY NAME (If not institution, give street end number)			R LOCATION OF DE		9c. COUNTY	OF DEATN
CTO	Washington Cou				stown		Washi	ngton
DIRECTOR	Maryland	Y		y, town on Locat ltimore			10d. INSIDE CITY LIMITS? 1 🔯 YES 2 🗌 NO	
	10e. STREET AND NUMBER				ZIP CODE		-	OF WHAT COUNTRY?
FUNERAL	139 S. Central	AVENUE 12. WAS DECEDENT EVER I	N II S ADMED	12 WAS DEC	21202			ed States
BY	1 Never Married 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 YES	2 V NO		cify Cuben, Mexican	, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	completed)		USUAL OCCUPATIO		16b. KIND OF BUS	INESS/INOUST	
4PLE	Elementary/Secondary (0-12) 9 Yrs.	College (1-4 or 5+)	Carpen			Self-E	mploy	ed
SO	17. FATHER'S NAME (First, Middle, Last)					NE (First, Middle, Maiden S		
BE	J.D. Loudermil 190. INFORMANT'S NAME (Type/Print)	K	Face and the same			ce Loude		
5	Beatrice Loude	rmilk			ral Ave	oute Number, City or Town		21202
	20a METHOD OF DISPOSITION 1 Department 2 Greenston 3 Rem 4 Donation 5 Other (Specify)	oval from State Con	D. PLACE AND DATE (OF DISPOSITION (National Property of the Prope	me of	DATE 20c. LOC	CATION — City	or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	altimor	22, NAME AN	D ADDRESS OF FAC			
	· Elenabeth	Selinak	()			ler, Inc n Avenue		eral Home
	23. PART I. Enter the diseases, or shock, or heart fellure.	complications that cause List only one ceuse on e	d the desth. Do r	not enter the mod	da of dyling, auch	aa cardlec or reepir	atory arrest,	Approximate Interval Batween
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	RESPIRA	TORY A CONSEQUENCE OF	FAILU	RE			Onsat and Death
NO	Sequentially list conditions,	PONTINE		HORRH.	AG-E			
CATI	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury		HYPERTENSION DUE TO (OR AS A CONSEQUENCE OF):					
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF): RENAL FAILURE						
11								
: MEDICAL	PART II. Other significant condition	s contributing to deeth b	out not resulting	in the underlying	cause given in F	Pert I. 24s. WAS AN PERFORI	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF OEATH (Che	ck only one)		
IXSI	YES 2 NO	1) inpatient 2 ER/Out			5 Residence			
ВУ Р	Netural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)		M 1 Y	RK7 ES 2 NO	28d. DEŞCRIBE HOW IN		
ETED	3 Suicide 6 Could not be 4 Homicide determined	28s. PLACE OF INJURY building, etc. (Spec	cify)	etreet, factory, office		281. LOCATION (Street or City or Town, State)	nd Number or Ri	ural Route Number,
COMPLETED		CIAN: To the best of my know R: On the basis of examination						use(s) end manner es stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER	grad M.D.	Mada	ellal	29c. LICENSE NUMI	BER		GNED (Month, Day, Year) Man, 92
	FOWARD B	YRD M.D.	1198	KENLY		HAGERS	STO W,	N MD. 21740
	MAR 0 6 1992	32, REGISTRAR'S SIGN	Hendere.					





	1. DECEDENT'S NAME (First, Middle, La	50 M T		CATE OF		2. DATE OF DEATH		3. TIME OF DEATH
4 4 4	4. SOCIAL SECURITY NUMBER	1 True Del	(In yrs. last birthday)	FUNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 3-14-1923	8.	BIRTHPLACE (State or For Country) ORTH CAROL
	245 12 (3 (1) 98. FACILITY NAME (If not Institution, give street and number) 98. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF							
DIRECTOR	MARYLAND		10c. CITY,	TOWN OR LOCAT	TION IDDLE RI	VER		10d. INSIDE CITY LIMITS? 1 YES 2
FUNERAL	507 BOWLEY'S QU	ARTERS ROAD	APT B	101	ZIP CODE 21	220	10g. CITIZEN	U.S.A.
В	11. MARITAL STATUS 1 Never Merried 2XX Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? A SY YES IF YES, GIVE WAR OR E	2 NO	If yes, sp		NIC ORIGIN? (Specify Yon, Puerto Ricen, etc.) y:	ns or No— 14.	RACE — American India Black, Whits, atc. Specify: WHITE
COMPLETED	15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)	EDUCATION rade completed) College (1-4 or 5+)		SUAL OCCUPATION or done during mo retired.) ED VETEI	st of working	16b. KIND OF B	USINESS/INDUS	ТЯУ
E COM	17. FATHER'S NAME (First, Middle, Lest) LEONARD LANKFOR					CARRIE UP		
TO BI	19a. INFORMANT'S NAME (Type/Print) LENA M. LANKFOR	D			OUARTER	Route Number, City or To S ROAD AT	wn, State, Zip Co PT B BA	LTO. MD 21
	1 N Burtsi 2 Cremation 3 F 4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	G	ARRISON F	DUDA-	RUCK FU	CILITY	OF DU	LLS, MARYL NDALK INC. 21222
7	23. PART I. Enter the diseeses, shock, or heert failu IMMEDIATE CAUSE (Finel diseese or condition resulting in death)	re. Liat only one cause on		y fo			piratory erres	t, Approximi
RTIFICATION	Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	A CONSEQUENCE OF					
MEDICAL CERTIFI	if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	cDUE TO (OR AS	A CONSEQUENCE OF):			IN AUTOPSY DRIMED? 2 MO	24b. WERE AUTOPSY FI AMILIABLE PRIOR COMPLETION OF C OF DEATH? 1 YES 2
SICIAN: MEDICAL CERTIFI	if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	d. Due to (on as do do do do do do do do do do do do do	but not resulting in	the underlyin	Q.S.E.	PERF	ORMED?	AVAILABLE PRIOR COMPLETION OF C OF DEATH?
PHYSICIAN: MEDICAL CERTIFI	if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificent conditions of the condition of the condi	DUE TO (OR AS d	but not resulting in	28. PI OTHER: 4 Nursing Hon OF 28c. IN. W	Q.S.E.	PERFO	PRMED2 2 NO	AMALABLE PRIOR COMPLETION OF COPEATH?
ED BY PHYSICIAN: MEDICAL CERTIFI	if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificent conditions of the condition of the condi	DUE TO (OR AS d. DUE TO (OR AS d. L HOSPITAL: 1 M inpetient 2 PR/Ou 25s. DATE OF INJURY (Month, Day, Year) ba 28s. PLACE OF INJURY building, etc. (SO	but not resulting in the state of the state	28. PI OTHER: 4 Nursing Hon OF 28c. IN. MY 1	LACE OF DEATH (C	PERF 1 YES heck only one) 6 Other (Specify)	PRIMED? 2 NO 2 NO 4 INJURY OCCUI	AMALABLE PRIOR COMPLETION OF C
ETED BY PHYSICIAN: MEDICAL CERTIFI	if amy, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificent conditions of the condition of the condi	DUE TO (OR AS d. DUE TO (OR AS d. L HOSPITAL: 1 M inpetient 2 PR/Ou 25s. DATE OF INJURY (Month, Day, Year) ba 28s. PLACE OF INJURY building, etc. (SO	but not resulting in the treatment 3 DOA 28b. Time (NULL) 1Y — At home, farm, stephy)	28. Pl OTHER: 4 Nursing Hon COF 28c. IN. WY M 1 Treet, factory, officed	LACE OF DEATH (C) The 5 Residence JURY AT JRK? YES 2 NO The second of the second of	PERFormation of the cause(s) and make a to the c	PRIMED? 2 NO 1 INJURY OCCUP of and Number or	AMALABLE PRIOR COMPLETION OF C
ED BY PHYSICIAN: MEDICAL CERTIFI	if amy, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificent conditions of the condition of the condi	DUE TO (OR AS d. DUE TO (OR AS d. L HOSPITAL: 1 Minpatient 2 ER/Ou 25s. DATE OF INJURY (Month, Day, Veer) be building, etc. (Sp HYSICIAN: To the best of my kno MINER: On the basis of sxaminati	but not resulting in the state of the state	28. PI OTHER: 4 Nursing Hon FOF 28c. IN. HY M 1 Irrest, factory, officed at the time, date n, in my opinion, d	LACE OF DEATH (C) The 5 Residence JURY AT JRK? YES 2 NO The second of the second of	PERF- 1 YES 1 YES 1 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Rown, Steet) a to the cause(s) and me time, data and place,	PRIMED? 2 NO 2 NO 4 INJURY OCCUP At end Number or tel) senner as stated, and dus to the o	AMALABLE PRIOR COMPLETION OF C

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dire		IMPORTANT: If tem 28 is marked or Item 23 shows any failury or other traumatic event, the medical available
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	G PH	er th	ith w	Jark
	NO	: Aft	r dea	86
	TE	CTOR	afte	28
	OR /	DIRE	Nours	Heat
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	dSO	UNE	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ANT
	포	开	ed ×	ORT
	0	101	De fi	MP
		20		

		OLITTI IO	ATE OF DEATH	REG. NO			
1. DECEDENT'S NAME (First, Middle, La Ray Moi	vd William	, Le	hman	2. DATE OF DEATH MONTH	1992	3. TIME OF DEATH P	
4. SOCIAL SECURITY NUMBER 218 18 4448	1 X M 2 □ F 67		UNDER 1 YEAR SF UNDER 24 HE NTHE DAYS HOURS MH	MAL AL DON'T LE .	24 MAR	HPLACE (State or Foreign	
9a. FACILITY NAME (If not institution, given the property of t	restreet and number) remnerial Hospi		ACITY, TOWN OR LOCATION OF	race	Ha.R.	ERD .	
Harford M RESIDENCE OF DECEDENT 104. STATE 106. COL MARYLAND HARI		ABERI	OWN OR LOCATION DEEN			10d. INSIDE CITY LIMITS? 1 YES 2 NO	
100. STREET AND NUMBER 653 ELM STREET	r	10f. ZIP CODE 21001		U.S. OF	A.		
10e. STREET AND NUMBER 653 ELM STREET 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 P YES 2 IF YES, GIVE WAR OR DATES WW II	S. ARMED	13. WAS DECENDENT OF HIS If yes, specify Cuben, Me 1, YES 2 NO Sc	PANIC ORIGIN? (Specify Yea klean, Puerto Rican, etc.) ecify:	or No- 14. RAC Blac Spec	E — American Indian, ik, White, etc.	
15. DECEDENT'S E (Specify only highest grant of the second only highest grant of the second only only highest grant only only only only only only only only	College (1-4 or 5 +)	Give kind of work	done during most of working tired.)		PROVING	GROUND	
			18. MOTHER'S	NAME (First, Middle, Maiden			
O TOO INFORMANT'S NAME (Too Print)		19b. MAILING AD	DRESS (Street and Number or Ra	A BROWN rel Route Number, City or Tow	n, State, Zip Code)		
P MRS. MARLENE	E. LEHMAN	653 ELM		DEEN, MARYLA			
20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 R 4 Donation 5 Other (Specify)			ETERY MAR.9,		INGTON, M	D. HARFORD	
21. SIGNATURE OF FUNERAL SERVICE	J. Levelin	,	22. NAME AND ADDRESS OF LEWIS T. GWY 4517 PARK HE	NN FUNERAL H		215-6393 RE, MARYLAND	
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	- A.S. C	NSEQUENCE OF:	bral in breumor	farction	vitte	34 yea	
PART II. Other significant conditions of the con	lons contributing to death but no	the v	ight upp	In Part I, 26a. Wall An PERFOR	MEDT	WERE AUTOPSY FRIDINGS AWAILABLE PRIDING TO COMPLETION OF CAUSE OF DEATH?	
25. WAS CASE REPERRED TO MEDICAL EXAMINERY 1 YES 2 YOU 27. MAINEST OF DEATH	HOSPITAL:		36. PLACE OF DEATH	the street of th			
I □ YES 2 1 NO 27. MANHER OF DEATH	1 Department 2 DEFI/Outpetier 28s. DATE OF HUJURY (Month. Day, Mass)	28b, TIME OF		e 9 ☐ Other (Specify) 286. DESCRIBE HOW II	WURY OCCURED		
1 Natural 5 Pending 2 Accident Investigation	m	INJURY	M 1 YES 2 NO		_		
3 Suicide 8 Could not l	2 Suicide 6 Could not be 286, PLACE OF INLIGHTY All home, farm, street, factory, office 286, LOCATION (Simple and Number or Plumi Route Number						
	YSICIAN: To the best of my knowledge					s) and menner as stated	
296. SIGNATURE AND THE OF CENT	F		29c. LICENSE		29d. DATE SIGNED		
30. NAME AND ADDRESS OF PERSON 31. DATE FILED (Month, Day, Year)	1/4 1 1	193.	"Union k	he Havr	edet	pace, Md	

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LINES T. CHANG PROFIES AND CLUB-COX

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician, BALTIMORE, MARYLAND 21215-0020

TO THE POWER OF ATTENDING PRYSICIAN: The law requires that the death certificate be executed within 27 incurs are required, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be less within 72 hours are death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT II imm 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

			11EG. 140.	
	1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH MONTH DA	Y YEAR 3. TIME OF DEATH
	Edward McCluskey		2 - 25	2 / 0
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday)		7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign
	212-12-0089 M = 1 77 YRS.	MONTHS DAYS HOURS MIN.	8/20/14	BALTO, MD
	Se. FACILITY NAME (If not institution, give street end number)	96. CITY, TOWN OR LOCATION OF D		SC. GOLDEN OF ALM
E C	Good Samaritan Hosp.	Baltimore		Baltimore City
DIRECTOR	RESIDENCE OF DECEDENT			- Sattiffed Cary
H	10a. STATE 10b. COUNTY 10c. CI	TY, TOWN OR LOCATION		10d, INSIDE CITY LIMITS?
	MARYLAND BALLIMORE CU.	PARKVIULE		1 YES 2 NO
AL	10. STREET AND NUMBER	10f. ZIP CODE	,	10g. CITIZEN OF WHAT COUNTRY?
E	2801 CAKCKEST AVE	12123	4	U.S.A.
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED	13. WAS DECENDENT OF HISPA	NIC ORIGIN? (Specify Yes	or No. 14. BACE - American Midlen,
BYF	1 Never Married 2 Merried FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	If yes, specify Cuban, Mexico		Black, White, ate. Specify:
	3 Widowed 4 Divorced			WHITE
유	16. DECEDENT'S EDUCATION (Specify only highest grade completed) (Give kind of	S USUAL OCCUPATION work done during most of working	16b. KIND OF BUS	INESS/INDUSTRY
9	Elementary/Secondary (0-12) College (1-4 or 5+)	use retired.)	- 00	12 a = 0
A P	- CHEI	MICAL PLA	IND OFF	CA7012
COMPLET	17. FATHER'S NAME (First, Middle, Last)	16. MOTHER'S NA	AME (First, Middle, Meiden S	Surneme).
BE	BERNARD J. IIIC CLUSKE	34 ANN	A BLAK	E
10	19a. INFORMANT'S NAME (Type/Print)	G ADDRESS (Street end Number or Rural	Route Number, City or Town	, State, Zip Code)
-	Family RECORDS SA	me AS F	MBOVE.	
		OF DISPOSITION (Name of	DATE 20c. LOC	CATION — City or Town, State
	1 to Buriel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	MEM. PAL	12-27 P	JEKVILLE, MD.
	21. SIGNATURE OF FUNERIAL SERVICE LICENSEE	22. NAME AND ADDRESS OF FA	CILITY DEL	of martin pour
	· They J. gar	EVAINS C	HAFEL	of MEMORIES
	23. PART I. Enter the diseases, or complications that caused the death. Do shock, or heart failure. List only one cause on each line.	not enter the mode of dying, suc	ch aa cerdlec or respir	
	IMMEDIATE CAUSE (Finel			interval Between Onset and Death
1		ances		
	disease or condition resulting in death) a. Metastatic C DUE TO (OR AS A CONSEQUENCE OF	OF):		
z	Prostatio Co	Ver Ch		
CERTIFICATION	Sequentially list conditions, If any, leading to immediate	OF):		
3	Cause. Enter UNDERLYING CAUSE (Disease or Injury			
E	that initiated events DUE TO (OR AS A CONSEQUENCE O	DF);		
E	resulting in deeth) LAST			
	DADY is Other elegificant conditions contributes to death but as a life			
EDICAL	PART II. Other significent conditions contributing to deeth but not resulting Hyperflusion Bronchia	in the underlying cause given in	Part I. 24a, WAS AN / PERFORI	MED? AVAILABLE PRIOR TO
ă	Hypertension Sometile	•	1 _ YES 2	COMPLETION OF CAUSE OF DEATH?
ME				1 ☐ YES 2 ☐ NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	25. PLACE OF DEATH (CH	neck only one)	
S	1 YES 2 NO 1 Inpatient 2 ER/Ouipatient 3 DOA	OTHER: 4 Nursing Home 5 Residence	8 Other (Specify)	
£	27. MANNER OF BEATH 286. DATE OF INJURY (Month, Day, Year) IN	ME OF 28c. INJURY AT WORK?	28d. DESCRIBE HOW IN	JURY OCCUREO
BY	1 Natural 5 Pending 2 Accident Investigation	M 1 YES 2 NO		
	3 Suicide 8 Could not be 28e. PLACE OF INJURY — At home, lerm, building, etc. (Specify)	street, factory, office		nd Number or Rurel Route Number,
1	4 Homicide determined		City or Town, State)	
COMPLETED	29e. CERTIFIER (Check only	rad at the time date and place and dis-	to the councies and a seri	and the state of
Ž	(Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, dearn occur one)			
			MRER	AND DATE SIGNED WALLS D. M
	29b. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUI		29d. DATE SIGNED (Month, Day, Year)
BE	296. SIGNATURE AND TITLE OF CERTIFIER	an 739	7297	2/27/92
		aus 739	297	> 2/27/92
BE	29b. SIGNATURE AND TITLE OP-CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type 9005 Harbord Rd. Baft.	an 739	297	> 2/27/92 Nichael Ro
BE	296. SIGNATURE AND TITLE OP CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type)	aus 739	297	> 2/27/92

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	5 should be detached for use as the burial-transit permit. Pages 1. 2.		
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nay be	page		ner must be notifie
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a none	illed in	n, or re	e med
The death certificate be executed within 24 hours a	pletely 1	rematio	ent, th
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FUICAR	ng phys	giene pi	other
Death Ca	attendi	ntal Hy	7, OF
at the c	by the	and Me	y Inju
DILES III	signed	Health	WE 3M
aw red	s been	ept. of	23 sho
JAN. The law requ	cate ha	State De	Item 2
TORNA	s certifi	th the S	o, or
ING ZH	Wher this	leath wi	marke
A LEND	CTOR: A	after d	28 is
L UN A	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 s	It hours after death with the State Dept. of Health and Mental Hygiene prior to	III item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be
_	-27	-	-

part I,II,27 per MEO G-686 4/9/92 reb STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 06340 92 Items: 23 FOR STATE REGISTRAR 1 -

1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH		
	JAMILAH	A .	M	UHAMM	AD	MONTH DE	4 92	2:35 Pm		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		HPLACE (State or Foreign		
	899-46-7314	1 DM 2 DF 3	YRS. MC	ONTHS DAYS	HOURS MIN.	(Month, Day, Year) Jan 23	954 NOZ	n)		
	9s. FACILITY NAME (If not institution, give s	treet and number)	0	h CITY TOWN	OR LOCATION OF DE					
TOR	SHADY GROVE ADVENTIST HOSPITAL ROCKVILLE MONTGOMERY									
낊	RESIDENCE OF DECEDENT 10a. STATE // 10b. COUNTY	,	10c. CITY T	OWN OR LOC	ATION			tot maine out		
DIRECTOR	MARYLAND MONTROMERY ROCK							10d. INSIDE CITY IMITS? 1 YES 2 NO		
AL	10e. STREET AND NUMBER				OI. ZIP CODE		10g. CITIZEN OF			
FUNERAL	5916 KideEWAY	AVE			2085		USA			
3	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EVER I FORCES? 1 YES	NU.S. ARMED	13. WAS DI	CENDENT OF HISPAN	IC ORIGIN? (Specify Yes	a or No— 14. RACE — American Indian, Black, White, atc.			
BY	3 Widowed 4 Divorced IF YES, GIVE WAR OR DATES				T week a final and a second					
回	15. DECEOENT'S EDUC (Specify only highest grade	ATION completed)	16s. OECEDENT'S US (Give kind of work	done during r		16b. KIND OF BUS	SINESS/INDUSTRY			
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	SEAMS	,	2	Semi	W1-			
NO.	17. FATHER'S NAME (First, Middle, Last)		O E 3	7.0		ME (First, Middle, Meiden	Surname)			
BE C		iLsoN			ANNI		oN			
2	BAR' MUHAM	msel	59/6	0 /		oute Number, City or Tow	n, State, Zip Code)	nd. 20851		
	20a. METHOD OF DISPOSITION 1 ME Buriel 2 Cremetion 3 Remed 4 Denetion 6 Other (Specify)		PLACEAND DATE OF E	place)	Name of Dack	DATE 20c. LO	CATION - City or TO	11 /4		
į	21. SIGNATURE OF PUNERAL SERVICE LIC	ENSEE // .		22. NAME	AND ADDRESS OF FAC	CILITY	411 Kan	roly ST. N.W.		
	Jane U	e Mala	2-	UNi	Unesal 1	between	WASIT	D.C. 20011		
	23. PART I. Enter the diseases, prosphore, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	. Mitral	ach lina.			as cardiac or respi	ratory arrest,	Approximate Interval Batween Onset and Death		
NO	Sequentially list conditions, b									
F	DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or later).									
CERTIFICATION	CAUSE (Disease or injury that initiated events	DUE TO (OR AS /	CONSEQUENCE OF):							
ER	resulting in death) LAST	i								
	PART ii. Other aignificant condition	s contributing to death t	ut not resulting in t	he underlyi	ng cause given in I	Part i. 24a. WAS AN	Altmosey Total	WERE AUTOPSY FINDINGS		
S	Natural			oridariyi	ng cadse given iii i	PERFOR	MED?	AWAILABLE PRIOR TO COMPLETION OF CAUSE		
MEDICAL						1 X YES 2	□ NO	OF DEATH?		
						_		1 YES 2 NO		
A N	25. WAS CASE REFERRED TO MEDICAL									
PHYSICIAN:	EXAMINER?	HOSPITAL:		THER:	PLACE OF OEATH (Che					
¥	27. MANNER OF DEATH	26a. DATE OF INJURY	28b. TIME O	_	me 5 Residence (26d. OEŞCRIBE HOW II	WHITE COOLINGS			
	1 Natural 5 Panding	(Month, Day, Year)	INJURY	Y W	ORK?	200. DESCRIBE NOW II	NJUHY OCCURED			
à	2 Accident Investigation M 1 YES 2 NO 3 Suicide 5 Could not be 26s. PLACE OF INJURY — At homs, isrm, street, factory, office 26l. LOCATION (Street and Number or Rural Route Number,									
3 Suicide 6 Could not be determined 281. LOC City 292. CERTIFIER (Check only one) A MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date							ING NUMBER OF NUMBER	Nobile Number,		
١١ ټـ	298. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my know	ledge, death occurred a	t the time de	te and place, and due t	to the course(s) and man	nor on other			
N N	One MEDICAL EXAMINE	R: On the basis of exemination	n and/or investigation, is	n my opinion,	death occured at the t	ime, dats and place, en	d due to the cause(s	i) and manner as stated,		
	296. SIGNATURE AND TITLE OF CERTIFIER		. 0		29c. LICENSE NUM					
8	1/1 Min	1 mHo	Ask		O.C.M.		MARCH 5, 1992			
유	30 NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type Pri	nt)	_ U.C.M.	10 •	PHAKUH	J, 1772		
	J. LARON LOG				ст ратп	TMODE MI	2120	,		
	31, DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE	T 77 14 1A	DI. DALI	CIMORE, MI	J. 212U	1		
	MAR U 6 1992	juna wandson-h	andelle							

BALTIMORE, MARYLAND	4 nours after death. Page 6 may be retained by the h	illed in by the funeral director, page 5 should be detain n. or removal.	e medical examiner must be notified at onc
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HIGHTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the host	In THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept, or Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It liem 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI	MENT OF H	EALTH AND	MENTAL HYGIE	-	00011		
	1. DECEDENT'S NAME (First, Middle, Last)	Ermah M. Ma	athias			2. DATE OF DEATH	DAY Y	YEAR US A MA		
_	4. SOCIAL SECURITY NUMBER 214-74-5747 90. FACILITY NAME (If not institution, give str	1 🗆 M 2 💥 👍	91 YRS. MC	ONTHE DAYS	F UNDER 24 HRS. HOURS MIN. OR LOCATION OF E	7. DATE OF BIRTH (Month, Day, Year) 4-25-19	00 Pe	BIRTHPLACE (State or Foreign Country) ennsylvania Y OF DEATH		
DIRECTOR	TINION MEMORIAL. RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			TOWN OR LOCAT	DE CIMY					
	Maryland 100. STREET AND NUMBER					Baltimore	100 CITIZE	10d. INSIDE CITY LIMITS? 12 YES 2 NO N OF WHAT COUNTRY?		
FUNERAL	3630 Buena Vista		MUS ADMED			21211		U.S.A.		
ВУ	1 Never Married 2 Married 3 S. Widowed 4 Divorced	1 Never Married 2 Married FORCES? 1 YES 2 X 10 It yes			MS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— 14. RACE — American In Black, White, etc.) YES 2 X NO Specify: White, etc.					
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of work life. Do NOT use re	k done during mos etired.)	N st of working	16b. KIND OF BU				
OMF	6th 17. FATHER'S NAME (First, Middle, Last)		Homema	aker	10 110THEB'S N	AME (First, Middle, Maide		memaker		
BE C	Harry Milton Mase	enheimer			F1c	ora Elizab	eth Ke			
5	19a INFORMANT'S NAME (Type/Print) Mr. George Mathia		19b. MAILING AD 3630	Buena V	ista Av	Proute Number, City or Ton enue Bal	wn, State, Zip Co timore	, MD 21211		
	20s METHOD OF DISPOSITION 1 ABuriel 2 Cremetion 3 Removed 4 Donation 5 Other (Specify)	oval from State 20b.	PLACE AND DATE OF C netery, cremetory or other Lorraine	DISPOSITION (Nar	med	3/9 Ba				
	21. SIGNATURE OF THEREFORE LICENSEE A Donature of The Capacity Commence of the Color of the Col									
CERTIFICATION	Sequentisity list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (DR AS A OUE TO (OF AS A	CONSEQUENCE OF):	Edem	-		Aratory arrest	t, Approximate interval Between Onset and Death		
AL CERTI	resulting in deeth) LAST	d								
MEDIC	PERFORMED? 1 YES 2 NO DF DEA 1 YES 2 NO DF DEA							24b. WERE AUTOPSY FINOINGS AWILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:	ACE OF DEATH (Ch					
HYS	1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outpa		☐ Nursing Home		6 Other (Specify) 26d. DESCRIBE HOW	" Illm occin			
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	WOR	ES 2 NO	26G. DESCRIBE NOW	INJURY OCCUR	EO		
	3 Suicide 4 Homicide Could not be determined City or Town, Street and Number or Rural Route Number, City or Town, State)									
COMPLETED	2 MEOICAL EXAMINER:	CIAN: To the bast of my knowle R: On the basis of examination	idge, death occurred at	t the time, date on my opinion, de	and place, end due of the	to the cause(s) end me time, date and place, er	nner se stated.	ause(e) end manner ae stated.		
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER	donn)		AT 24	MBER 138946	29d. DATE SIG	GNED (Morgh, Day, Year)		
Ĭ	30. NAME AND AODRESS OF PERSON WHO	OS. MD		UNDY	n M	138946 Emorial	7	nsp		
	MAR 06 1992 June 1									

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CERTIFIC
MEDICAL
PHYSICIAN:
BY
LED

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH												
WILLIAM MARROW							3 4 1992 4:0L			4:04 A		
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. lest birthday)			R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRT	н	6. BIRT	HPLACE (State or Foreign	
241-26-978	3 1 M 2 0 F	71	YRS.	MONTHS	DAY8	HOURS	MIN.	(Manth, Day, Ye	1. 1920	Coun	try)	
90. FACILITY NAME (If not institution,		1		9b. CITY	, TOWN C	OR LOCATIO	ON OF DE	EATH		UNTY OF		
Balto Cou	nty Ger	neral		R	lan	dle	5+	awa		Ba	lta	
RESIDENCE OF DECEDEN												
100			-	C. CITY, TOWN OR LOCATION DWNING MILLS			1 -	m 1 1		4	10d. INSIDE CITY	
100. STREET AND NUMBER	sallo		100	רותנ		יוניו	15	Mary	1 270	1	1 TES 2 HO	
10906 Mun	it cut Ap	ts apt	10		101	. ZIP CODE	211	17	10g. C	TIZEN OF	WHAT COUNTRY?	
11. MARITAL STATUS 1 Hever Merried 2 Merried 3 Widowed 4 Divorced	FORCES?	HT EVER IN U.S. A 1 1 YES 2 WAR OR DATES	RMED NO	13. WAS DECEMBENT OF HISPANIC If yes, specify Cuban, Mexicen, 1 YES 2 HO Specify:			n, Puerto Rican, ato	y Yea or No—	Blac	ACE — American Indian, ack, White, etc.		
											Black	
15. DECEDENT'S (Specify only highest	prade completed)	//	ECEDENT'S	work done i	CCUPATIO during mo	OH st of working	g	16b. KIHD O	BUSINESS/H	HOUSTRY		
Elementery/Secondary (0-12)	College (1-4 or 5		Mal	1 (Delinea.)		700		Ap	mtro	ent	Ruilding	
17. FATHER'S HAME (First, Middle, Las		Mon		1		16. MOTH	IER'S HAI	ME (First, Middle, Mid		and	. 2	
19a. IHFORMANT'S NAME (Type/Print)		19	b. MAILIHG	ADDRESS	S (Street a	nd Number	or Rural F	Route Number, City o			- 2	
Sallic 200, METHOD OF DISPOSITION	Marro	w	10	090	06	M	un	1017	Apts	Apt	10 21117	
1		20b. PLACE cemetery, cri	AND DATE O	ber piece)	eld s	me of	ch	3 9 92 T	LOCATION -	2	own, State	
21. SIGHATURE OF FUNERAL BERVIO	E LICENSEE			22.	NAME AN	D ADDRES	S OF FAC	CILITY	4.5	1		
10	C Th	Marie M.		1		,	m ·	- C	11 17	01-3	. 1	
23. PART I. Enter the disesses, ahock, or heart felli	or complications there. List only one ca	et caueed the deuse on aech line	eath. Do n	ot anter	tha mo	C ≲ da of dyli	ng, such	n es cardiac or r	eepiratory a	rrest,	Approximate interval Between	
iMMEDIATE CAUSE (Finel disease or condition resulting in death)	a	et caueed the deuse on sech line Lu O (OR AS A CONSE	ng	Car	tha mod		ng, such	n es cardiac or r	eepiratory a	rrest,		
iMMEDIATE CAUSE (Finei disease or condition	a	Lu	OBENCE OF	Car			ng, such	h es cardiac or r	eepiratory a	rrest,	intarval Between	
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eath. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

hospital or attending physician.	his certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the Strap Date of Marrial Honlane Indic in burial commarion or segment	166.
24 hours after death. Page 6 may be retained by th	filled in by the funeral director, page 5 should be d	the medical examiner must be notified at o
HYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the first the Craw Dark of Markh and Marrial Horison prior to burial promotion of seminal	then, or them 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
CHARGO IN OR ATTENDING PHYSICIAN: The Ia	FINEDAL DIRECTOR: After this certificate has	DRTANT: If Item 28 is marked, or Item 2:
÷	83	MP

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTI	MENT OF HEALTH AND MEN CATE OF DEATH	ITAL HYGIENE REG. NO.	_ 00044
8	1. DECEDENT'S NAME (First, Middle, Lest)	DALISE NELSON		DATE OF DEATH DAY 9	EAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	30. 41217 10 223010	F UNDER 1 YEAR IF UNDER 24 HRS. 7. D.	ATE OF BIRTH	BIRTHPLACE (State or Foreign
	21907473) 9a. FACILITY NAME (If not institution, give si	1 VRS.		Marth, Day, Year) 5034 1931 (PARYLAND
TOR	GOOD SAMARIT	AN HOSPITAL	BALTIMOR ϵ	MB Sc. COUNTY	OF OEATH
DIRECTOR	10a. STATE 10b. COUNTY	10c. CITY,	TOWN OR LOCATION		10d. INSIDE CITY LIMITS?
	17ARYLAND ISAL 100. STREET AND NUMBER	Jimore P	ARKILLS 101, ZIP CODE	Liver	1 TYES 2 NO
FUNERAL	3024 ACTOO	ROBO	21234	10g. CITIZEI	OF WHAT COUNTRY?
FUN	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEOENT EVER IN U.S. ARMEO FORCES? 1 YES 2 NO	13. WAS DECENDENT OF NISPANIC OR If yes, specify Cuban, Mexican, Pue	RIGIN? (Specify Yes or No 14	. RACE — American Indian, Black, White, etc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES	1 YES 20 NO Specify:		Specify:
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	completed) (Give kind of wor	k done during most of working	16b. KIND OF BUSINESS/INDUS	TRY
APLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	Enos R+ Mant		
	17. FATHER'S NAME (First, Middle, Last)	m 0 0-1-	18. MOTHER'S NAME (FI	irst, Middle, Maiden Surname)	00
BE	19a. INFORMANT'S NAME (Type/Print)	180 P. NEJSON	DDRESS (Street and Number or Rural Route I	HE V. CRO	
5	FAMILY REC	orns Si	are as ABON	_	
	20a, METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Remote 4 Donation 5 Other (Specify)		r place)	DATE 28c LOCATION - CH	or Town, Stata
	21. SIGNATURE OF FUNERAL REPPRESENCE		22. NAME AND ADDRESS OF FACILITY	OF MEMORIE	27110.
	1 House 4-	Densh	8800 HARFOR		KV115
	23. PART i. Enter the diseases, or c shock, or heart failure. I	complications that caused the death. Do not List only one cause on each line.	enter the mode of dying, such as	cerdiac or reepiratory arrest	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition	Cippundic	of LIVER		Onset and Death
	resulting in death)	DUE TO (OR AS A CONSEQUENCE OF):	of MEK		
NO	Sequentielly list conditions,	b. OUE TO JOR AS A CONSEQUENCE OF:			
CAT	If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	. Hortic Ston	rolis		ļ
RTIFICATION	thet initieted events resulting in deeth) LAST	DUE TO JOR AS A CONSEQUENCE OF):	1:0000		
8	PART II. Other significant condition	a contributing to death but not resulting in	be underlying acres of the la Bank		
ICAL	- In the state of	sommoung to death but not resulting an	the underlying cause given in Pert i	PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC				1 TES 2 NO	OF DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				
SICI	EXAMINER?		26. PLACE OF DEATN (Check onl DTHER: Nursing Home 5 Residence 6 C		
PHY	27. MANNER OF DEATN 1 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year) 38b. TIME C	28c, INJURY AT 28d.	DESCRIBE HOW INJUST DOCUMENT	ED
ВУ	2 Accident Investigation	28a. PLACE OF INJURY AT home, farm, stre	1 YES 2 NO	LOCATION (Street and Number or	Brand Country Marsh
TED	4 Homicide e Could not be determined	building, etc. (Specify)		City or Town, State)	nurer roote number,
COMPLET	29a. CERTIFIER (Check only one)	LIAN: To the best of my knowledge, death occurred in	at the time, deta and place, and due to the	cause(a) and manner as stated,	
	2 MEDICAL EXAMPLES 29b. SIGNATURE AND TITLE OF CONTINEES	H. On the basis of exemination and/or investigation,			
) BE	The	The MA POYS	29c. LICENSE NUMBER	29d. DATE SI	GNED (Month, Day, Year)
10	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETEO CAUSE OF DEATH (ITEM 27) (Type, Pri	int)		-/
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE			
	MAR 06 1992	Julia Davidson-Randelle			

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her death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should onal.	al examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIF	RTMENT	OF HI	EALTH DEAT	AND	MENTA	L HYGIEN	E	16	00345
1. DECEDENT'S NAME (First, Middle, Last) CHARLES CHI		LIN					2. DATE	of DEATH	Ma .	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1	VEAR	IF UNDER	24 MDC	-	OF BIRTH	74	a pipri	IPLACE (State or Foreign
220-09-6211 9a. FACILITY NAME (If not Institution, give	X□ M 2 □ F 7:			DAYS	HOURS	MIN.	OCT.	31, 191		MA	RYLAND
	S HOSPITAL				IMOR		EATH		9c. COUN	ITY OF D	EATH
10a. STATE 10b. COUNT	TY	10c, CIT	Y, TOWN OR	LOCATI	ON						10d. INSIDE CITY
MARYLAND			В	ALT	IMOR	E					IMITS?
ST. AGNE: RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT MARYLAND 10a. STREET AND NUMBER 4828 MELBOURNE 11. MARITAL STATUS	ROAD			101.	ZIP CODE 212					U.S.	A.
3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	S 2 ▼ NO	H y	ree, spe		n, Mexica	an, Puerto	N? (Specify Yes Rican, etc.)	or No-		- American Indian, k, White, atc.
18. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12) 9th GRADE 17. FATHER'S NAME (First, Middle, Last)	UCATION le completed) College (1-4 or 5+)	life. Do NOT u	work done dur se retired.)	ing mos	N t of workin	9	168	, KIND OF BUS			
9th GRADE 17. FATHER'S NAME (First, Middle, Last)		CABINE	T MAK	EK				FURNIT		MAKI	NG
								Middle, Meiden	,		
10. INFORMANTIO NAME (Total)		19b. MAJLING	ADDRESS /S	Street an				ber, City or Tow		Codel	
HELEN CORINE NO	WLIN							TIMORI			21229
20a. METHOD OF DISPOSITION 1		Ob. PLACE AND DATE			na of		DAT		CATION — C		wn, State
21. SIGNATURE OF FUNERAL SERVICE L		orthi.	HUB	ME AND		NERA	AL HO	OME INC	С.		D. 21229
IMMEDIATE CAUSE (Final disease or condition resulting in death)	A CUTE M DUE TO (OR AS	YO CARD (DOLL	VF1	12C	10	0				Interval Betwee Onset and Deat
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF	F):								
PART II. Other significant condition	ns contributing to death	but not resulting	In the unde	ortylng ILL	cause g	lven in	Part I.	24a. WAS AN PERFOR 1 YES 2	MED?	24b	WERE AUTOPSY PINDING: AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH				26 54 5	CE OF F	EATH 40	eck only or	1			
EXAMINER? 1 YES 2 NO	HOSPITAL:	tpetient 3 DOA	OTHER:								
27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28	c. INJU	RY AT	_ruerice		SCRIBE HOW II	NJURY OCC	URED	
1 Netural 5 Pending 2 Accident Investigation					ES 2 [NO					
3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Sp.	ecify)	street, lactory	, office			City	ATION (Street a or Town, State)	and Number	or Rural f	loute Humber,
	ICIAN: To the best of my kno ER: On the basis of examinati) end manner as stated,
3 Suicide 8 Could not be determined 29e. CERTIFIER CERTIFYINO PHYSONE) 2 MEDICAL EXAMIN		D			29c, LICE						(Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WITH	RUI Z	EATH (ITEM 27) (Type)	Printy (X) 0	ATI	20	AD	DRES	A CE	VE.	NIE
31. DATE FILED (Month, Day, Year) MAR 0.6. 1992	32. REGISTRAR'S SIG		· ·					-			

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BALTIMORE, MARYLAND 21203-3146	L DR ATENDING PHYSICIAN: The law requires that the death certificate be executed within burs after death. Page 6 may be retained by the hospital or attending physician. L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit terms 1.2, 3 should be detached for use as the burial-transit terms 1.2, 3 should be detached for use as the burial-transit terms 1.2, 3 should be detached for use as the burial-transit terms 1.2, 3 should be detached for use as the burial-transit terms 1.2, 3 should be detached for use as the burial-transit terms 1.2, 3 should be detached for use as the burial-transit terms 1.2, 3 should be detached for use as the burial-transit terms 1.2, 3 should be detached for use as the burial-transit terms 1.2, 3 should be detached for use as the burial-transit terms 1.2, 3 should be detached for use as the burial-transit terms 1.2, 3 should be detached for use as the burial-transit terms 1.2, 3 should be detached for use as the burial-transit terms 1.2, 3 should be detached for use as the burial-transit terms 1.2, 3 should be detached for use 3.2, 4 should be detached for	liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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1. DECEDENT'S NAME (Fire	st, Middle, Last)								2. DATE OF DEATH DA	W	YEAR	TIME OF DEATH
GREEN 4. SOCIAL SECURITY NUM		S. SEX	6. AGE (In yrs. las	4 6 5 40 45 - 3	IF UNDER		IF UNDER		7. DATE OF BIRTH		1992	ACE (State or Foreign
4. SOCIAL SECURITY NOR	IBEH	1 X M 2 F	B. AGE (IT YTS. IES	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year)		Country)	NUE (State or Poreign
9e. FACILITY NAME (If not	In all along the			mo.		701101	00 : 0017	011 05 05	9-11-1912	Las count	TV 05 05 1	**
		AN ENGLISHED					OR LOCATI			9c. COUN	TY OF DEAT	н
11 NORTH BEF		AVENUE			В	ALT	IMORE	CIT	Y			
10a. STATE	10b. COUNT	ry		10c. CIT	Y, TOWN	OR LOCA	ATION	-			10	d. INSIDE CITY
MD.					Ä	AT.TT	IMORE				1	LIMITS?
10e. STREET AND NUMBE	R						of. ZIP COD	E		10g. CITIZ		T COUNTRY?
2.4 1100000	1) = 1 = 1 = 1 = 1									τ.	ISA.	
11 NORTH	RESNIC		NT EVER IN U.S. AR	MED	13.	WAS DE	CENDENT (IIC ORIGIN? (Specify Yes		14. RACE	American Indian.
1 Never Married 2	Merried		WAR OR DATES	HO		If yes, s		an, Mexica	n, Puerto Rican, etc.)	17.00	Black, W Specify:	Thite, etc.
3 🕅 Widowed 4 🗌 Di	bestow	IF TES, GIVE	MAN ON DAILS			1 12	3 ZA NO	Specify			BLACK	
	CEDENT'S ED		16a. DE	CEDENT	USUAL C	CCUPAT	ION		16b. KIND OF BUS	SINESS/IND	USTRY	
(Specify of Elementary/Secondary	nly highest grad (0-12)	College (1-4 or 5	H/m	. Do NOT u	work done se retired.)	auring ri	ost of worki	ng				
				NEMP	LOYE	D						
17. FATHER'S NAME (First,	Middle, Last)		•				16. MOT	HER'S NA	ME (First, Middle, Malden	Surname)		
GREEN OI	IVER						T.T	T.T.Y	OLIVER			
19a. INFORMANT'S NAME			19	b. MAILING	ADDRES	S (Street			Route Number, City or Tow	n, Stete, Zip	Code)	
CAROLYN JO	HNSON			11 N	ORTH	RET	RNICE	AVE	NUE. BALTI	MORE	Pitt	21220
20a. METHOD OF DISPOS	ITION	construction	20b. PLACE	OF DISPO	SITION (N	lame of c	emetery, cre-				City or Town,	
1 N Burial 2 Creme 4 Donation 5 Oth		movel from State	other p	ZIU	N CE	METI	ERY		AS	TTTWO	RE M	LARYLAND
21. SIGNATURE OF FUNE		ICENSEE			22	. NAME /	AND ADDRE	SS OF FA	CILITY			
1111	2.1/2	. 1	600						OWN JR. FU			
Chu	Mel	ne W	, Nu	un	1	913 1	W. BAL	TIMOR	E ST. BALTO.	MD. 21	1223; E	0.0. BOX 4
Sequentielly list conditions, leading to immediate. Enter UNDERL	nedlate	b/	O (OR AS A CONSE									
CAUSE (Disease or in that initiated eventa resulting in deeth) L/	ijury	d.	O (OR AS A CONSE	OUENCE (OF):							
PART II. Other signifi	cant condition	ona contributing t	o death but not	resulting	In the u	ınderivi	ng ceuse	alven In	Part I. 24s. WAS AN	AUTOPSY	24b. W	ERE AUTOPSY FIND
1	my P	ances		777-12-12					PERFO	RMED?		MILABLE PRIOR TO
- 4	n	+ 11	Follow	0_					1 _ YES	2 NO		F DEATH?
-	- Com	nous p	oryun	-							1	YES 2 NO
25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:			OTHE		PLACE OF	DEATH (C/	neck only one)			
1 TYES 2 NO			☐ ER/Outpatient			1		residence	8 Other (Specify)			
27. MANNER OF DEATH 1 Natural 5 [2 Accident	Pending Investigation		Dmy, Year)	28b. TI	ME OF JURY M	V	NJURY AT VORK? YES 2	□ NO	28d. DESCRIBE HOW	INJURY OC	CURED	
3 Suicide 6 (Could not be determined		OF INJURY — At h g, etc. (Specify)	ome, farm	, street, fa	ctory, of	fice		281. LOCATION (Street City or Town, State	and Number	or Rural Rou	te Number,
const. Oray	STATE OF THE PARTY.								n to the cause(a) and me time, data and piece, a			nd manner as stat
296. BIGHATURE AND THE	H OF CENTRE	in all					29c. LK	CENSE NU	2550	29d. DAT	E SIGNED (N	SZ_
30. HAME AND ADDRESS	ngs	VINO COMPLETED CA	USE OF DEATH (IT	EM 27) (Tyr	oe, Print)	780	1%	nles	my Ja	501	100	200
31. DATE FILED (Month, D	R B	1992 32. REGIST	AS SIGNATURE	Man Alex	totalit.							

and a division

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burla-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPART	MENT OF I	HEALTH AND	MENTAL HYGIEN		00041
	1. DECEDENT'S NAME (First, Middle, Last) ESHAT, RONOTO	w				2. DATE OF DEATH DO O		3. TIME OF DEATH
		SEX 8. AGE (H	9 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	,1903	HITTNPLACE (State or Foreign ountry New York
TOR	99. FACILITY NAME (If not institution, give street Suburban Hospi			Bethe	esda,	EATN	Montg	
DIRECTOR	100. STATE 100. COUNTY Md. Montg	omery		TOWN OR LOCA				10d. INSIDE CITY LIMITS? Y YES 2 NO
FUNERAL	100. STREET AND NUMBER 6121 Montrose	Rd.,		10	1. ZIP CODE 20852		USA	OF WHAT COUNTRY?
B	11. MARITAL STATUS 12 1 Never Married 2 Merried 3 Widowed 4 Divorced	. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2-1- NO	If yes, sp		NIC ORIGIN? (Specify Yes in, Puerto Rican, atc.) y:	1	RACE — American Indian, Black, White, etc. Rechasian
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade com Elamentary/Secondary (0-12)	ON pleted) oflege (1-4 or 5+)	16a. DECEDENT'S U (Give kind of wo life. Do NOT use Homema	ork done during metired.)	ON ost of working	Home	SINESS/INDUSTR	NY .
BE CON	17. FATHER'S NAME (First, Middle, Leet) Unknown				18. MOTNER'S NA Unkno	ME (First, Middle, Meiden OWN	Sumame)	
TO E	19e. INFORMANT'S NAME (Type/Print) William J. Pono	row			and Number or Rural	Floute Number, City or Tow. #10	n, State, Zip Code	9)
	20a. METHOD OF DISPOSITION 1 © Buriel 2 Cremetion 3 Removal 4 Donation 8 Other (Specify)	from State come	PLACE AND DATE OF others, cremetory or other ng Davi	er place) d Memo	rial G	3-4 Fal	ls Ch	urch, Va.
	21. SIGNATURE OF AUNERAL SERVICE LICENSE	0		Ives		on Funera		es 6
	23. PART I Enter the diseases, or com abock, or heart failure. List IMMEDIATE CAUSE (Finei disease or condition resulting in death)	plications that caused only one cause on each one cause on each only one cause on each only one cause on each one	ch line.			h as cardiac or respi	ratory arreat,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	RESPIRA	CONSEQUENCE OF)	REST				7d
ERTIF	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF)	:				
MEDICAL	PART II. Other algoriticant conditions of PCLYMICROBIAL SE		it not resulting in	the underlyin	g ceuse given in	Part I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:		OSPITAL:		OTHER:	LACE OF DEATH (Ch	eck only one) 6 Other (Specify)		
ву Рну	27. MANNER OF DEATN 1 Neturel 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c. IN.	URY AT ORK? YES 2 NO	28d. DESCRIBE NOW II	NJURY OCCURE	D
	3 Suicide 8 Could not be determined	26e. PLACE OF INJURY building, atc. (Specia	At home, term, str	reet, tactory, offic		281, LOCATION (Street a City or Town, State)	and Number or Ru	iral Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN ONE) 2 MEDICAL EXAMINER: 0							se(s) and manner as stated.
TO BE	alum J. Make	iany Mc)		29c. LICENSE NUI	MBER 6	29d. DATE SIG	NED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO CO ALVIN S. MADARI	ANG, MD			SE RD	ROCAVILLE,	MOZ	2052
	31. DATE FILED (Month, Days Mar)	32. REGISTRAR'S SIGNA	Davidson-A	andete				

noing physician.	is the burial-transit permit. Pages 1, 2, 3 should	
The contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of an analysis of an analysis of an analysis of the contract of t	TRAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial man 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
200	AL DIRECT	f item ?
-	THE Z	ANT

	1 - FOR STATE REGISTRAR	STATE OF MARYLAI	ND / DEPAI CERTIF	RTMEN	T OF H	IEALTH AN	D MENT	AL HYGIEN	E	2	06348
	1. DECEDENT'S NAME (First, Middle, Last)							TE OF OEATH			3. TIME OF OEATH
	ALAN WAYNE	PENCEK					MOI (3 0	ž 19	92	04:59 p w
	and the second s		yrs. tast birthday)	MONTHS	DAYS	IF UNDER 24 HR	(Mc	TE OF BIRTH		Countr	PLACE (State or Foreign
	220-66-0005 9e. FACILITY NAME (If not institution, give stre	XX M 2 □ F 37	YRS.					11-1954			ÝLAND
E				1		OR LOCATION OF			7	TY OF D	
5	JOHNS HOPKINS H	USPITAL		BALI	IMOI	RE CITY			BALT	TMOR	RE CITY
DIRECTOR	10a. STATE 10b. COUNTY		10c, CI1	Y, TOWN		1510					10d. INSIDE CITY LIMITS?
	MARY LAND 100. STREET AND NUMBER			B		MORE C	ITY				1XXYES 2 NO
FUNERAL	134 WEST READ STR	EET 10T ELAA:	D		101	. ZIP CODE	201		10g. CITI		THAT COUNTRY?
S	11. MARITAL STATUS	2 WAS DECEDENT EVED IN II	S ADMED	13.	WAS DEC			SIN? (Specify Yas	or No.		U.S.A.
BY F	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES	2 (X) (10 ES		It yes, spe	city Cuban, Ma	clean, Puart	o Rican, atc.)	0,100	Black	, White, atc.
										- upwon	WHITE
1	15. DECEDENT'S EDUCA (Specify only highest grade co	mpleted)	8a. OECEDENT'S (Give kind of life. Do NOT u	work done	CCUPATIO	on st of working	1	6b. KIND OF BUS	SINESS/IND	USTRY	
PL		College (1-4 or 5 +)		K EM				STGN	ET BA	LAIR	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	N/K	15/ (14	K CM	LUI		NAME (First	J LOIN I, Middle, Malden		VIVI	
ш	ALBERT JOHN PENCE	K				HELI	EN NA	OMI SNI	DER		
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS	(Street a			mber, City or Town		Code)	
	BONNIE M. PENCEK		7570	WES	TFIE	LD ROAT	BA	LTIMORE	, MAT	RYLAI	ND 21222
	20e. METHOD OF DISPOSITION 1 Burlet 2 Cremetion 3 Removi		LACE AND DATE				1		CATION — C		
1	4 □ Donation 5 X Other (Specify) EN	<u>FUMBMENT HUI</u>	LLY HIL			AL 3-	5	IBALT	IMORE	= , M	RYLAND
) ~ ()	1	DUDA	-RUCK 1	UNER		OF 1	DUNDA	ALK INC.
-	23 PART Enter the diseases or con	· Caro		_	792	2 WISE	AVEN	UE DU	NDALI	K MD	21222
	23. PART I. Enter the diseases, or cor shock, or heart failure. Lie	it only one cause on eecl	h line.	not enter	tne mod	de of dying, a	uch as ca	irdiac or respi	ratory arm	eat,	Approximate interval Between
	iMMEDIATE CAUSE (Fine) disease or condition		4.1								Onset and Death
ĺ	resulting in deeth)	DUE TO CON AS A S	OHSEOUENCE O	F):							3 months
Z	Sequentially list conditions,	HIV int	ection	_							3 months
CERTIFICATION	if any, leeding to immediate cause. Enter UNDERLYING	DUE TO (OR AS À CO	ONSEQUENCE O	F):							1
S	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CO	ONSEQUENCE OF	D.							
E	reaulting in death) LAST		DINGEOGENCE OF	·).							
	DART II ON I III									-	
8	PART II. Other algnificant conditions		not resulting	in the un	derlying	ceuse given	in Part i.	24a. WAS AN PERFOR	MUTOPSY MED?	24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
ă	HIV Cardiomyupa	Thy						1 - YES 2	NO		COMPLETION OF CAUSE DF DEATH?
Σ								1			1 VES 2 NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL				26 PI	ACE OF DEATH	Thank and				
SIC	EXAMINER?	IOSPITAL:	ent 3 🗆 DOA	OTHER	t:	5 - Resident					
ž	27. MANNER OF DEATH	28a. OATE OF INJURY (Month, Day, Year)	28b. TIM		28c. INJL	JRY AT		EŞCRIBE HOW IN	JURY OCC	URED	
BY	1 Natural 5 Pending 2 Accident Investigation	(mount Day, roar)		M	1 🗌 Y	ES 2 NO					
	3 Suicide 6 Could not be determined	28a. PLACE OF INJURY — building, atc. (Specify)	At home, term, a	rtreet, facto	ory, office		281. LO	CATION (Street as	nd Number o	or Rural Ro	oute Number,
E.								,			
릴	29a. CERTIFIER (Check only one)	N: To the best of my knowledge	ge, death occum	d at the ti	me, data	and place, and e	lue to the c	euse(a) and men	ner se state	d.	
COMPLETED	2 MEDICAL EXAMINER:	On the basis of examination ar	nd/or investigatio	a, In my o	pinion, de	ath occured at t	he time, da	ta and place, and	due to the	cause(a)	and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER					29c. LICENSE N	UMBER		29d. DATE	SIGNEO	Month, Day, Year)
2	30. NAME AND ADORESS OF PERSON WHO C	COMPLETED CALLES OF STATE	//TEM 6= ~	Direct			412		P 3	12	192
		32 REGISTION'S SIGNATU	(11CM 21) (1ype,	(וחודים	1-11			,			
-	31. DATE FILED (Month, Day, Year)	32 REGISTERA'S SIGNATI	1000	Nu	Idif	57	20	MAS A	COK	119	
	MAR U 6 1992	1 was wall ason-	Marine								

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	permit. Pages 1, 2, 3 should		
ital or attending physician.	f for use as the burial-transit		
N: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospita	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3		nust be notified at once.
24 hours after death. Page (y filled in by the funeral direc	ation, or removal.	the medical examiner m
certificate be executed within	oding physician and completel	Hygiene prior to burial, crema	It if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examin
e law requires that the death	has been signed by the atter	with the State Dept. of Health and Mental H	1 23 shows any injury, o
ATTENDING PHYSICIAN: Th	CTOR: After this certificate	72 hours after death with the State	28 is marked, or item
THE DR /	AMI, DIRE	# 72 hours	I. If Item

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR

CERTIFICATE OF DEATH

REG. NO.

	REGISTRAR		CERTIFIC	ATE OF DEATH	REG.	NO.	
	1. DECEDENT'S NAME (First, Middle, Last)	VI O			2. DATE OF DEAT		3. TIME OF DEATN
	THOMAS	H. Lowel	1		L DZ-	6 1992	P.O.M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (III	yrs. last birthday) #	UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTS	1 8	BIRTHPLACE (State or Foreign
1	213 00 1033	138 M 2 🗆 F 🔍 C	YRS. MO	ITHS DAYS HOURS MIN.	JUN2 1		FOOSIA LOOP
	Sa. FACILITY NAME (If not institution, give s	treet end number)	96	CITY, TOWN OR LOCATION OF I			Y OF DEATH
œ	OUL HOOTER	Rano		Bak ille	, LAIT		
18	RESIDENCE OF DECEDENT	MORD		IHRWINS		LAL	TIMORE
DIRECTOR	10e. STATE 10b. COUNTY	1	10c. CITY, TO	OWH OR LOCATION			10d, INSIDE CITY
등	Mary an Rott	impes	1 6	ackville			10d. INSIDE CITY LIMITS?
AL I	10e. STREET AND NUMBER	HOIR		101, ZIP CODE		44. 00000	1 TYES 2 NO
A A	The state of the s	12 Range		TOT. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
FUNER	8110 HARFOR			331		U	· 7 · H ·
5	11. MARITAL STATUS 1 Never Merried 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES		13. WAS DECENDENT OF NISP	NIC ORIGIN? (Specifican, etc.	y Yes or No-	I. RACE — American Indian, Black, White, stc.
B	3 ★ Widowed 4 □ Divorced	IF YES, GIVE WAR OR DAT	TES	1 TES 250 NO Spec			Specify:
		W-W-I					WHITS
TED	15, DECEDENT'S EDUC (Specify only highest grade		18e. DECEDENT'S USU (Give kind of work	AL OCCUPATION done during most of working ired.)	16b. KIND O	BUSINESS/INDUS	STRY
LET	Elementary/Secondary (0-12)	College (1-4 or 5+)	A		(14.5		
MP			1 (ACH)	Tazn	12	SL 10.	
COMPL	17. FATHER'S NAME (First, Middle, Jast)			16. MOTHER'S N	AME (First, Middle, Me	iden Sumeme)	
BE (HEARY FOU	1/20		15	An Ic	RNR	
	190. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	ORESS (Street and Number or Rura			ode)
5	FAMILY RECO	ROS	SAC	re As ABO	21/5		
	20e, METHOD OF DISPOSITION	20b	PLACE AND DATE OF D			LOCATION — CIT	v or Town State
	1 Burtal 2 Cremetion 3 Remo	ovet from State	tery, cramatory or etrac	MORIAL GAR	35	301000	0
	21. SIGNATURE OF PUNERAL SERVICE LIC	ENSEE	LMIKIC			SITHIK	LARYLAND
- 9	1000			22. NAME AND ADDRESS OF F	SLOFI	EMORIE	5
	troolen to	Longe		8800 HARF		n-Asc	ekv. Us
	23. PART I. Enter the diseases, or o	omplications that caused	the death. Do not	enter the mode of dying, au	ch as cardiac or r	eepiratory arres	t, Approximate
	anock, or neart failure.	List only one cause on ea	ch line.				Interval Between
	IMMEDIATE CAUSE (Final disease or condition	ACUTE MYO	CACHIAI I	SFARCTION			Onset and Death
	resulting in death)		CONSEQUENCE OF):				
N N	Sequentially list conditions,	. COLONARY					
CERTIFICATION	If any, leeding to immediate	GENGERAL A	CONSEQUENCE OF):	HELOSCI CROSIS			
0	CAUSE (Disease or Injury	- John Marie	(2) /+/·	PEROSE E CREATS			
片	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):				
E	resulting in death) Exs.	i					
	PART II. Other significant condition	s contributing to death bu	t not resulting in th	e underlying cause given is	Port I 240 WM	S AN AUTOPSY	OAL WEDT AUTOROX ENGINOS
EDICAL	AGDOMINAL ADE	TIC ANGURIS	M	ic underlying cause given in	PEI	REPORMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
ă					1 _ YE	S 2 NO	COMPLETION OF CAUSE OF DEATH?
Z.							1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF DEATH (C	heck only one)		
S	1 ☐ YES 20 NO	HOSPITAL: 1 Inputient 2 ER/Output		HER: Nursing Home 5 - Residence	6 Other (Specify		
È	27. MANNER OF DEATH	26e. DATE OF INJURY	28b. TIME OF			DW INJURY OCCUP	RED.
	1 Netural 5 Pending	(Month, Day, Year)	INJURY	26c. INJURY AT WORK? M 1 YES 2 NO			
ВУ	2 Accident Investigation	28e. PLACE OF INJURY -	At home form street				
유	3 Suicide 8 Could not be 4 Nomicide determined	building, etc. (Specif	y)	i, factory, office	City or Town, S	itate)	Rural Route Number,
E .							
4	29e. CERTIFIER 1 CERTIFYING PNYSH	CIAN: To the best of my knowle	dge, death occurred at	the time, date end place, and du	e to the cause(e) and	menner as stated.	
COMPLETED				my opinion, death occured at th			
	29b. SIGNATURE AND TITLE OF CERTIFIER			29c, LICENSE NU			
BE		lan up		D 2 50		290. DATE S	IGNED (Month, Day, Year)
오		COMPLETED CAUSE OF GEAT	IN //TEM AT /7		10	1-20	DEPT TE
	OO COOO OO	COMPLETED CAUSE OF OEAT			- P-1		,
	DK. ZEKZ(IA IV.	INDLAN		ARFORD ROP	D-TAR	VILLS	
	MAR 06 1992	32. REGISTRAR'S SIGNA	TURE				
	THAT I'D 1997	TURA WALMER	-A-Randagg				

1. DECEDENT'S NAME (First, Middle, Las	1)					2. DA	TE OF DEATH	-	1.5	3. TIME OF	DEATN	-
ROBERT	EU	GENE		PRIVE	TT	ő	3 02	19	92	9:30) p	-
4. SOCIAL SECURITY NUMBER		. AGE (In yrs. la		IF UNDER 1 YEAR		(Mc	TE OF BIFTTN orth, Day, Year)		Counti	PLACE (State	ORL TE	
90. FACILITY NAME (If not institution, give	1 🖾 M 2 🗆 F	29	YRS.			05.	-02-1	_		th C	aro	Lj
5710 EASTERN			1		TIMORE			9c. COUI	NTY OF D	EATN		
RESIDENCE OF DECEDENT	NVBNOB			D711								_
10a. STATE 10b. COUP	(TY		10c. CITY,	TOWN OR LO						10d. INSIDI	E CITY	
Maryland 100. STREET AND NUMBER				Bal	timore					1 X YES		
15 Charles P	laza. Ant	2601			2120	1		10g. CITI	USA	WHAT COUNT	TRY?	
11. MARITAL STATUS	12. WAS DECEDENT I	EVER IN U.S. A	RMED	13. WAS D	ECENDENT OF H	SPANIC ORIG	GIN? (Specify	Yes or No-	14. RACI	E — America	n Indian,	_
1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 [NO		specify Cuben, M ES 2 NO S		lo Rican, etc.)		Spec	k, White, etc.		
15. DECEDENT'S EI	DUCATION	tea D	ECEDENT'S U	SILVE OCCUPA	TION				one - o	Whi	te	
(Specify only highest gra	de completed) College (1-4 or 5+)		Give kind of wo	rdk done durina	most of working		6b. KIND OF E	JOHNESS/INC	MIGU			
12th			Stu	dent								
17. FATHER'S NAME (First, Middle, Last)					16. MOTNER	NAME (Fire	t, Middle, Meid	en Surname)				
Kincheon V.	Privett.		Maria de la companya de la companya de la companya de la companya de la companya de la companya de la companya				ou Ba					
19a. INFORMANT'S NAME (Type/Print) Betty B. Law	ing	1	3231		ot and Number or F					r. C	280) r
20e. METHOD OF DISPOSITION		20h Pl 40s	ANDDATEOF					LOCATION —			200	- 1
1 Buriel 2. Cremetion 3 Re 4 Denation 5 Other (Specify)	moval from State	Cemetery, ci	rematory or other	er place) ema to	ry, In	c. 3	-5	Balti			D	
						1	-			- 9 212		
21. SIONATURE OF FUNERAL SERVICE	LICENSEE YELL	11100	0 01	22. NAME	AND ADDRESS O			- 0 %"			-	_
George E. 23. PART I. Enter the diseases, o ahock, or heart fallun IMMEDIATE CAUSE (Final disease or condition	MacNabb r complications that control only one cause	caused the d	eath. Do no	22. NAME Cre 299	AND ADDRESS O Mation Frede mode of dying,	Soc:	Rd.,	Balt	to.,	MD	In 212. Toximate val Batwet and D	3.5
George E. 23. PART I. Enter the diseases, o shock, or heart failure IMMEDIATE CAUSE (Final	MacNabb r complications that concludes the control of the concludes the control of the control o	aused the do on each line	eath. Do no e. inal courner or:	22. NAME Cre 299	AND ADDRESS OF MATION Frede Trede Trede Trede Trede Trede Trede Trede Trede Trede Trede Trede Trede Trede Trede	Soc:	Rd.,	Balt	reat,	MD Apprinter Onse	212 oximate vai Batw et and D	3.5
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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3 Widowed 4 Divorced If YES, GIVE WAR OR DATES 1 YES \$75 NO Specify: Specify: William of working 168. DECEDENT'S USUAL OCCUPATION 169. KIND OF BUSINESS/INDUSTRY 169. KIND OF BU	American Indian
18. DECEDENT'S EDUCATION Specify only highest grade composited Elementary/Secondary (0-12) 12 12 13. FATHER'S NAME (First, Middle, Last) 14 15. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working line. Do NOT use relieved.) Sales Person 18. MOTHER'S NAME (First, Middle, Last) FATHER'S NAME (First, Middle, Last) 19. NEORMANT'S NAME (First, Middle, Last) 19. NEORMANT'S NAME (First, Middle, Last) 19. NEORMANT'S NAME (First, Middle, Last) 19. NEORMANT'S NAME (First, Middle, Last) 19. NEORMANT'S NAME (First, Middle, Last) 19. NAMILING ADDRESS (Street and Number or Rural Fourte Number, City or Row, State, Zip Code) 19. NATION OF DISPOSITION 19. NAMILING ADDRESS (Street and Number or Rural Fourte Number, City or Row, State, Zip Code) 19. NAMILING ADDRESS (Street and Number or Rural Fourte Number, City or Row, State, Zip Code) 19. NAMILING ADDRESS (Street and Number or Rural Fourte Number, City or Row, State, Zip Code) 19. NAMILING ADDRESS (Street and Number or Rural Fourte Number, City or Row, State, Zip Code) 10. DATE 10. Last or Row of Complete Number or Rural Fourte Number, City or Row, State, Zip Code) 10. NAMILING ADDRESS (Street and Number or Rural Fourte Number, City or Row, State, Zip Code) 10. NAMILING ADDRESS (Street and Number or Rural Fourte Number, City or Row, State, Zip Code) 10. DATE 10. Last or Row of Complete Number, City or Row, State, Zip Code) 10. NAMILING ADDRESS (Street and Number or Rural Fourte Number, City or Row, State, Zip Code) 10. NAMILING ADDRESS (Street and Number or Rural Fourte Number, City or Row, State, Zip Code) 10. Last or Row of Rural Fourte Number, City or Row, State, Zip Code) 10. Last or Row of Code Rural Fourte Number, City or Row, State, Zip Code) 10. NAMILING ADDRESS (Street and Number or Rural Fourte Number, City or Row, State, Zip Code) 10. Last or Row of Rural Fourte Number, City or Row, State, Zip Code) 10. Last or Rural Fourte Number, City or Row, State, Zip Code) 10. Last or Rural Fourte Number, City or Row, State, Zip	Thite, etc.
16a. DECEDENT'S BUULATION Globe kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY	hite
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12. Sales Person Hechts Dept. St.	
18. MOTHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Mailden Surname)	oro
George A. Hedrick 19e. INFORMANT'S NAME (Type/Print) Donald C. Royston 20e. METHOD OF DISPOSITION 170. PLACE AND DATE OF DISPOSITION (Name of cometer), creptately or other place) St. Abraham's Luth, Cem. 3/5/92 Hampstead, 21. SIGNATURE OF EMBERAL SERVICE CENSES 22. NAME AND ADDRESS OF FACILITY 1050 York Rd. 2 Ruck Towson Funeral Home, Inc. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):	216
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CAUSE (Disease or Injury that Initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): d	
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PERFORMED? AM CC OF	
1 YES 2 NO OF	ERE AUTOPSY FINDING
11	OMPLETION OF CAUSE F DEATH?
	YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? MORRITAL	
EXAMINER? 1 YES 2 NO 1 Inpetient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Realdence 6 Other (Specify)	
27. MANNER OF DEATH 286. DATE OF INJURY 280 TIME OF 284 DESCRIPTION OCCUPED	
1 Netural 5 Pending (Month, Day, Year) INJURY WORK? 2 Accident Investigation	
2 Accident 2 Accident 2 Be PLACE OF INJURY — At home, farm, street, factory, office 284 I DOATION (Street and Mumber or Rural Book	
4 Homicide determined building, etc. (Specify)	
29e. CERTIFIER	a Number,
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner ee stated. 2 MEDICAL EXAMINER: Dn the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) end	a Number,
NO. GUINATURE AND TITLED CONCERNED	
290, DATE SIGNED (MC	nd menner es stated.
1995/ 3-2	nd menner es stated.
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM-27) (Type, Print)	nd menner es stated.
Darrell Jaques M.D 1001 Cromwell Bridge Rd. Suite 308 21204	nd menner es stated.

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TO THE HOSPIN OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed writin and accompletely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled to the state death with the State bept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH ANI	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

FOR 1 - STATE REGISTRAR	STATE OF MARYI		IENT OF HEALTH AND ATE OF DEATH	MENTAL HYG			
1. DECEDENT'S NAME (First, Middle, Les Helen E. Re				2. DATE OF DEA MONTH		3. TIME OF DEATN	
4. SOCIAL SECURITY NUMBER 216-12-5355	1 🔎 M 2 🗆 F	71 YRS. MO	UNDER 1 YEAR F UNDER 24 HRS. NTHS DAYS HOURS MIN.	(Month, Day, Ye 4/25/	20	BIRTHPLACE (State or Foreign Country) Maryland	
9a. FACILITY NAME (if not institution, given 3823 Foster A	ve.	96	Baltimore	DEATN	9c. COUNTY	OF DEATH	
Maryland 10e. STREET AND NUMBER		1755	OWN OR LOCATION 1 timore 1 tot. ZIP CODE		Inc CITIZEN	10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
3823 Foster A	ve.		2122	4	7,100	S.A.	
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	3 2 NO	13. WAS DECENDENT OF NISE If yes, specify Cuban, Mex 1 YES 2 NO Spe	ican, Puarto Rican, et	fy Yes or No.— 14 c.)	RACE — American Indian, Black, Whita, atc. Specify: White	
15. DECEDENT'S E (Specify only highest gra	ede completed)	16a, DECEDENT'S USL (Give kind of work life, Do NOT use re	done during most of working	16b. KIND C	F BUSINESS/INDUS		
Elementary/Secondary (0-12) 12 Veal's	College (1-4 or 5+)	Housew					
17. FATHER'S NAME (First, Middle, Last)				NAME (First, Middle, M	felden Surname)		
George Kalb		T		ie Bonj			
190. INFORMANT'S NAME (Type/Print) John F. Reintz	ell. Jr.		DRESS (Street and Number or Rur				
20a. METNOD OF DISPOSITION 1 Burlal 2 Cremation 3 Re 4 Donation 5 Other (Specify)	2	Ob. PLACE AND DATE OF			oc. LOCATION City		
21. SIGNATURE OF FUNERAL SERVICE		riler	22. NAME AND ADDRESS OF	FACILITY Lil	ly & Ze	Balto Co. iler, Inc. o Md. 21224	
23. PART I. Enter the diseases, cahock, pr heart failur IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Metas	each line.	reast Can		reapiratory arres	t, Approximate Interval Betwee Onset and Deat 5/89	
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	A CONSEQUENCE OF):			6		
PART II. Other eignificent condit	lons contributing to death	but not resulting in t	he underlying ceuse given		AS AN AUTOPSY ERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
				101	ES 2 NO	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?		_ 0	26. PLACE OF DEATH				
COMPLETION OF DEATH? 1							
2 Accident Investigation 3 Suicide 6 Could not determined	be 28e. PLACE OF INJUR	RY — At home, farm, streedecify)	et, factory, office	261. LOCATION (City or Town,	Street and Number or State)	Rural Route Number,	
one)			at the time, data and place, and o				
29b. SIGNATURE AND TITLE OF CERT	Simpl	Perus	D35	70 / 70	≥ 3/	SIGNED (Month, Day, Year)	

BALTIMORE, MARYLAND 21215-0020	NG PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. If the think the function, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should saft with the State Debt, or Health and Merital Hydiene prior to burial cremation or removal.	s medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO WE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. IN THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral within 72 hours after death with the State Dent. of Health and Mental Hydiene prior to hursal cremation or named.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE	STATE OF N	IARYLAND /	DEPAR	TMEN	IT OF H	IEALTH	AND	MENTAL	HYGIEN	9:	2 0	16353
	REGISTRAR		CI	ERTIF	ICAT	E OF	DEAT	ГН		REG. NO			
ŀ	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE (F DEATH		YEAR	3. TIME OF OEATH
		P. Roberts 3/ 03/9									92	TEAN	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	st birthday)		ER 1 YEAR	IF UNDER	-	7. DATE O	F BIRTH Day, Year)		0. BIRTHE	PLACE (State or Foreign
	212-28-3396	1 M 2 XF		5 2 RS.	MONTHS	DAYS	HOURE	MIN.		/11/2	9	Country	Md.
	9s. FACILITY NAME (If not institution, give str	reet and number)			9b. CIT	TY, TOWN C	OR LOCATI	ON OF O				NTY OF DE	
R	551 N. Ful	ton Av	e. 2nd	E 7					, Md.				
DIRECTOR	RESIDENCE OF DECEDENT	COII AV	e. Ziid	EL		Dal	CIM	ore,	, Ma.				
E E	10a, STATE 10b, COUNTY			10c. CIT	Y, TOWN	OR LOCAT	TION						10d. INSIDE CITY
ā	Md.			Ba	alt	imor	e,	Cit	· v				LIMITS?
A A	10e. STREET AND NUMBER						ZIP COD		- 1		10g. CITI		HAT COUNTRY?
FUNERAL	551 N. Fult	on Ave.	2nd	ſЯ			212	223			,	J.S.,	7
13	11. MARITAL STATUS	12. WAS DECEDEN	EVER IN U.S. AR	MED	13	. WAS DEC			NIC OBIGINS	(Specify Yes			
	1 X Never Married 2 Married	FORCES? 1	YES 2 NAR OR DATES	10		If yes, sp-	ecify Cuba	n, Mexice	n, Puerto Ri	can, etc.)	07 140-		- American Indian, White, atc.
BY	3 Widowed 4 Divorced	11 120, 0112 12	AN ON DAILS			I U YES	21 NO	Specif	À.			Specify	Black
	15. DECEDENT'S EDUC	ATION	16a. DE	CEDENT'S	USUAL	OCCUPATIO	ON		16b.	KIND OF BUS	INESS/IND	HISTRY	
Hi.	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5 +	(Gi	ive kind of w Do NOT us	vork done e retired.	during mo	st of working	ng .					
릴	llth			sab	led								
COMPLETED	17. FATNER'S NAME (First, Middle, Lest)						18 MOTE	NEO'S NA	ME (Siret Mi	ddle, Maiden	Company)		
	Paul Martin							ary			ert	~	
BE	19a. INFORMANT'S NAME (Type/Print)		101	MAII INC	40005	00 (0:							
2		bonta								r, City or Town			01000
	James H. Roberts 551 N. Fulton Ave./Baltmore, Md. 21223												
	1 XBuriel 2 Dimention 3 Remo	val from State	20b. PLACE A cemetery, crei	AND DATE O	F DISPO	SITION (Na	me of		OATE		CATION —		
	1 XBuriel 2 Gremation 3 Removal from State 4 Donation Content (Specify) Mt. Calvary Cemetery Anne Arundel Co, Mc												
	21. SIGNATURE OF FUNERAL SERVICE LIG	HASEE () D	Jeco.		22	, NAME AN	O ADDRES	SS OF FA	CILITY				
	Vicinolis	X/3	11011	1	1	vm . C	. M.=	arch	F/H	110	1 5	No	cth Ave.
	23. PART1. Enter the diseases, or co	emplications that	coused the de	eth. Do n	ot ente	r the mo	de of dyl	na euc	h as cardle	1 1 U	I, Lie	1401	
	enock, or near reliars. L	ist only one ceu	se on each line.				ac or ay.	ng, auc	ii aa coigi	oc or reepi	retory err	cat,	Approximata Intervei Between
	IMMEDIATE CAUSE (Finei disease or condition	FAID	CTO	1	1	CAN	7-	0					Onset and Death
	resulting in death)	DUE TO	STAC OR AS A CONSEC NGEA	50	_	1114	CEI						Lyp.
		1 00210	A LC C	DUENCE OF): 	100	-0						
RTIFICATION	Sequentielly list conditions, b.		OR AS A CONSEC			NCE	1						
AT	if any, leeding to immediate cause. Enter UNDERLYING	DOE 10 (OH AS A CONSEC	DUENCE OF):								
5	CAUSE (Disease or injury C.	DUE TO	OR AS A CONSEC										
Ē	that initieted events resulting in death) LAST	002 10 (OH AS A CONSEC	DUENCE OF):								
员	d.												
L	PART il. Other significent conditions	contributing to	deeth but not re	esuiting in	n the u	nderiving	Ceuse o	iven in	Part i 2	4a. WAS AN	ALITOREY	245.3	VERE AUTOPSY FINDINGS
EDICAL						,				PERFOR		1	WAILABLE PRIOR TO
								-		YES 2	XNO.		OMPLETION OF CAUSE OF DEATH?
Σ									_			1	TES 2 NO
SICIAN:													
0	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		ACE OF OR	EATN (Che	eck only one)				
YS	1 TYES NO	1 🗆 Inpatient 2 🗆	ER/Outpetient 3			rsing Home	5 Re	sidence	S 🗆 Other (Specify)			
РНҮ	27. MANNER OF DEATN 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF NJURY AT WORK? 28d. DE\$CRIBE HOW INJURY OCCURED												
B	1 Netural 5 Pending 2 Accident Investigation M 1 YES 2 NO												
	3 Suicide 8 Could not be 28e. PLACE OF INJURY — At home, farm, atreet, factory, office 28f. LOCATION (Street and Number or Rural Route Number,												
2	4 Homicide datermined		nun (opoony)						City or	Town, State)			
2	290. CERTIFIER 1 CERTIFYING PHYSICI	AN: To the heat of a	mi knowledon des	ab a same	4 -4 44		S	200	155				
COMPLETED	(Check only one) 2 MEDICAL EXAMINER												
8		- A	eon and/or ir	westigation	, in my	opinion, de	enth occur	at the	time, data a	nd place, and	due to the	cause(a)	and manner as stated.
BE	296, SIGNATURE AND TITLE OF CERTIFIER	(1).	1116)			29c. LICE	NSE NUM	BER		29d. DATE	SIGNEO (Wonth, Day, Year)
6	William (Mar	WW.	/			DI	77	124		•	3-3	-97_
H- 1	30. NAME AND ADDRESS OF PERSON WHO	COMPLETION CAUSE	OR DEATH STORE	070 (T	Ch. L. all				-				/

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DIVISION OF VITAL RECORDS, F.O. BOA 18146,	AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withi	V DIRECTOR: After this certificate has been signed by the attending physician and complete	2
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	1 - STATE REGISTRAR	STATE OF I			TMENT OF			MENTAL HYGI		92	0635		
	1. DECEDENT'S NAME (First, Middle, Last)		,					2. DATE OF DEATH			3. TIME OF DEATH		
	Bessie Catherine	Ryan A/K	A Bess:	ie M.	Ryan			MONTH 3	L	92	6:45 PM		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la		IF UNDER 1 YEAR		ER 24 HRS.	7. DATE OF BIRTH		8. BIRTHP	ACE (State or Foreign		
	225-12-2678	1 🗆 M 2 💢 F	93	YRS.	MONTHS DAY	HOURS	MIN.	9718/1	898	Vir	ginia		
	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TOW	OR LOCA	TION OF D	EATH	9c. COU	NTY OF DEA			
DIRECTOR	Bon Secours Extended Care Facility Ellicott City Howard												
)IRE	Md. Howe				IOd. INSIDE CITY LIMITS? I YES 2 1 NO								
	10e. STREET AND NUMBER			232.00	ridge	10f. ZIP CO	DE		10m, CIT		IAT COUNTRY?		
R	7211 Montgomery	Boad					227			USA			
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	IT EVER IN U.S. A	RMED	13. WAS D			NIC ORIGIN? (Specify			- American Indian,		
	1 Never Married 2 Married	FORCES?	YES 2 K	NO	If yes,	specify Cul	en, Mexica	in, Puerto Rican, etc.)		Black,	White, etc.		
ВУ	3 Widowed 4 Divorced	ii res, dive	MIN ON DATES		'"'	ES 2 XN	э эрвсп	у:		Specify	white		
COMPLETED	15. DECEDENT'S EDU		16a. D	ECEDENT'S	USUAL OCCUPA	TION		16b. KIND OF	BUSINESS/INC	DUSTRY	W112 00		
Ш	(Specify only highest grade Elemantary/Secondery (0-12)	College (1-4 or 5	HA.	a. Do NOT use	ork done during a retired.)	most of wor	king						
14	8			Home	emaker								
O	17. FATHER'S NAME (First, Middle, Last)					18. MO	THER'S NA	ME (First, Middle, Mail	den Surname)				
BE C	Noah L. Miller					A	manda	Mumi					
	19a. INFORMANT'S NAME (Type/Print)	-	11	Db. MAILING	ADDRESS (Street	t and Numb	er or Runal	Route Number, City or	Town, State, Zip	Code)			
2	Betty J. McMulle	en		7211 1	Montgon	ery	Rd.	Elkridge	. Md.	2122	27		
	20a. METHOD OF DISPOSITION	Water and the	20b. PLACE	OF DISPOS	ITION (Name of				LOCATION -	City or Tow	n, Stata		
	1X Sturiel 2 Cremation 3 G Ren 4 Donation 5 Dithen/Specify	noval from State	Mt.		son Cen	eter	V		Mount	Jacks	on. Va.		
5	21. BIGHATURE OF EUNERAL SERVICE LI	CENSES /	,		22. NAME	AND ADDR	ESS OF FA	CILITY					
	· //2.	1 1	1					nan Funer					
5	Joany	0-10	- 1	eng	569	Mai	n St.	Elkrid	ge. Md	. 21	227		
										Interval Batween Onset and Death			
_			(OR AS A CONSE				o				1116		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	b. DUE TO	OR AS A CONSE	OUENCE OF):	Cha d					1		
3	cauaa. Entar UNDERLYING		2/zeine								>273		
E	CAUSE (Disease or Injury that Initiated events	DUE TO	(OR AS A CONSE	OUENCE OF):								
	reaulting in death) LAST	d											
	DART II ONI MI IIII												
MEDICAL	PART II. Other significant condition	wholes	t Cler	resulting is	n the underly	ing cause	given in	PER	AN AUTOPSY FORMED?		WERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
M											YES 2 NO		
Z													
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				PLACE OF	DEATH (C)	neck only one)					
Sic	1 TES 2 DINO	1 Inpetient 2	ER/Outpetient	3 DOA	4 Nursing H	ome 5 🗆	Rasidence	6 Other (Specify)					
Ē	27. MANNER OF DEATH	28e. DATE Of (Month, ii		29b. TIME		NJURY AT		28d. DEŞCRIBE HO	W INJURY OC	CURED			
BY F	1 Netural 5 Pending	(moran, i	ray, remit	livo.		YES 2	□ NO						
	2 Accident Investigation 3 Suicide 8 Could not be	28s. PLACE (F INJURY At h	ome, farm, a	treet, factory, o	fice		281. LOCATION (Str.		r or Rural Ro	ute Number,		
TED	4 Homicide datermined	ounding	atc. (Specify)					City or Town, St	ate)				
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYS										and manner as stated		
E CO	290. SIGNATURE AND TITLE OF CERTIFIE		n	m		-	CENSE NU				Montill, Day, Year)		
TO BE		-Dec	2. 1/1			0	266	15	•	3/0	Par		
F	30. NAME AND ADDRESS OF PERSON WI	elt Confe	SE OF DEATH (IT		Print) Blust	Ch	he	4	2109	3			
	31. DATE FILED (Month, Day, Year)	32. REGISTR	AR'S SIGNATURE				, ,		-04	-			
	MAR U 6 1992 9	whi Davidso	n-Mandall										

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S	TEN	after a	28
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HUSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be	THE TANERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page and the first page of the first page. It health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be
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31. DATE FILED (Month, Day, Year)
MAR V 6 1992

	FOR 1 - STATE	STATE OF M	ARYLAND	/ DEPAF	RTMEN	NT OF I	HEALTH AND	MENT	'AL HYGIEN		92	06355
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	ERNA GIBS	C	ERTIF	ICAT	E OF	DEATH	2. DA'	REG. NO		YEAR 2	3. TIME OF DEATH 7:05 P M
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. Is	~ _	IF UND	ER 1 YEAR	IF UNDER 24 HRS.	7. DAT	E OF BIRTYN			PLACE (State or Foreign
	219-18-5775	1 🗆 M 2 💢 F	87	YRS.	MONTHS	Y	HOURS MIN.		2-7-190	4	PFN Country	NSYLVANIA
	9s. FACILITY NAME (If not institution, give st	reet and number)			9b. CI1	TY, TOWN	OR LOCATION OF		- / . / .	9c. COUN		
OR	HERITAGE NURSING	HOME					DUNDAL	K			BALT	IMORE
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	,		140-000								
I E	10a. STATE 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CLIMITS? DUNDALK 10d. INSIDE CLIMITS?									10d. INSIDE CITY LIMITS?		
	10a. STREET AND NUMBER	TIMORE				100	LUNUA LI	Λ		1		1 VES 2XXNO
FUNERAL	68 AVALON AVENUE					100	21 2:	00		10g. CITIZ		HAT COUNTRY?
S	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. A	RMED	12	WAS DEC	CENDENT OF HISP	1.1	MAN 10-solbs Voc			.S.A.
BY	1 Never Merried 2 Merried 3 XXWidowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2)()	(NO		If yes, sp	ecify Cuban, Mexico	cen, Puert	o Rican, etc.)	or No-	Black, Specify	- American Indian, White, etc.
ED	15. DECEDENT'S EDUC (Specify only highest grade	CATION	16e. D	ECEDENT'S	USUAL	OCCUPATION	ON	1	6b. KIND OF BUS	SINESS/INDU	STRY	
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	iii				ost of working	- 1				
MP	1 OTH GRADE	N/A		HO	OME	MAKE	R			HOM	E	
	17. FATNER'S NAME (First, Middle, Last)								, Middle, Maiden			
BE	BENJAMIN GIBSON VILETTA JENNINGS											
0	196. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)											
	LETTY WHITE 68 AVALON AVENUE BALTIMORE, MARYLAND 21222											
	20e, METHOD OF DISPOSITION 1 X Burlel 2 Cremetton 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF TAITH CEMETERY 3/6 BALTIMORE, MARY LAND											
-	DUDA-RUCK FUNERAL HOME OF DUNDALK INC. 7922 WISE AVENUE DUNDALK MD 21222									K INC. 21222		
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury) Due TO (OR AS A CONSEQUENCE OF):											
CERTI	that initiated eventa DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST											
WEDICAL	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24e. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO											
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF DEATH (C	hack only	nnel			
SIC	EXAMINER? 1 ☐ YES 2 💢 NO	HOSPITAL:	ER/Outpatient :	a 🗆 DOA	OTHE 4 NAU	R:						
Ή	27. MANNER OF DEATH 28b. OATE OF INJURY 26b. TIME OF 26c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED											
ВУБ	3 1 DZ Negurni 5 Panding											
G	3 Suicide 6 Could not be determined	28e. PLACE OF building, at	INJURY — At he c. (Specify)	ome, ferm, a	freet, fac	ctory, office		261. LO	CATION (Street e. y or Town, State)	nd Number o	Rural Rou	ste Number,
BE COMPLET	290. CERTIFIER (Chock only one) 2 CERTIFYING PHYSIC MEDICAL EXAMINER	IAN: To the best of m	y knowledge, de mination end/or	eath occurre investigation	d at the	time, date opinion, de	end place, and du eath occured at th 29c. LICENSE NL	e time, dat	euse(a) end men le and place, end	due to the	cause(e) e	end manner ee stated. Aprith, Day, Year)
0	30, NAME AND ADDRESS OF PERSON WHO)				-	1216	96		13	41	92

OMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)
Blvd Stel7 Baltimore

mA

21222

Blvd Stc 17

32, REGISTRAR'S SIGNATURE

DEVICES MANUAL MANUALS.

Variability of Vana - Village of

management to provide their VIIII And Stone to Artist

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

												_			
	1. DECEDENT'S NAME (First, Middle, Last	")										TE OF DEATH	W.	YEAR	3. TIME OF DEATH
	JANET D	_	MITH						,		03		1	992	9:45PM*
		- 1	SEX	6. AGE (In	yrs. last		IF UNDER	DAYS	HOURS	MIN.		TE OF BIRTH onth, Day, Year)		6. BIRTH Countr	PLACE (State or Foreign y)
	220-48-8378		□ M 2 X F		_77	YRS.						/03/191			YORK
~	9a. FACILITY NAME (If not institution, give						9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF I					NTY OF D	EATH		
DIRECTOR	G.B.M.C. 6701 N	. CI	IARLES :	STREE	T		TO	WSO	l				BAL	TIMO	RE
S I	10e. STATE 10b. COUN					10c. CITY	, TOWN	OR LOCA	TION						10d. INSIDE CITY
E	MARYLAND BAL	TIM	10RE			1.11	THED	VIL	Е						LIMITS?
_	10e. STREET AND NUMBER	1 11	IUKL			LU	LHER		. ZIP COD	E			10e. CIT	IZEN OF Y	WHAT COUNTRY?
	402 FOX CHAPEL DRIVE 21093 U.S.A.														
FUNERAL	402 FOX CHAPEL DRIVE 21093 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Year or No									- American Indian					
	1 Never Married 2 Married		FORCES? 1	YES	2 X NO			If yes, sp	ecify Cubs	n, Maxica	n, Puer	to Ricen, etc.)		Black Speci	c, White, atc.
à l	3 Widowed 4 Divorced								26 110	орчену				Whi	
ELED	15. OECEDENT'S EC (Specify only highest gra-	CATI	ON pleted)	10	6a. DEC	EDENT'S	USUAL O	CCUPATIO	ON ost of working	na	1	16b. KIND OF BUS	INESS/IN	DUSTRY	
	Elementary/Secondary (0-12)		ollege (1-4 or 5 +)	Ma. I	Do NOT us	retired.)	ourng m	ast of workli	79					
<u> </u>	12		3		Нс	mema	ker				_1_	Own He	ome		
COMPL	17. FATHER'S NAME (First, Middle, Last)								16. MOT	HER'S NA	ME (Firs	t, Middle, Maiden	Sumame)		
BE	Edward N. Van Co	ott			_				Gr	ace 1	Don	caster			
0	19a. INFORMANT'S NAME (Type/Print)								and Number	or Rural F	Route No	umber, City or Town	n, State, Zij	o Code)	
-	Wilbur G. Smith				5	Same	as	<i>#</i> 10							
	20a. METHOD OF DISPOSITION 1 [X] Buriel 2 [Commettion 3 [No.	mova	trom State	20b. Pt	LACE AL	ND DATE O	FOISPOI	SITTION (N	ime of		D	ATE 20c. LO	CATION -	City or To	wn, State
	4 Donation 5 Other (Specify)	-		[Du]	lane	ey Va			m. G			/92 Ti	moni	um, 1	Md.
- 1	22. NAME AND ADDRESS OF FACILITY Ruck Towson Funeral Home, Inc.														
	1050 York Rd., Towson, Md. 21204														
	23. PART I. Enter the diseases, o	com	plications that	ceused ti	he dea	th. Do n	ot enter	the mo	de of dy	ing, suci	h as c	erdiac or reapi	ratory ar	rest,	Approximate
	shock, or heart fellure IMMEDIATE CAUSE (Final	. List	only one cau	se on aaci	h line.										Interval Between Onset and Death
ı	disease or condition resulting in death) a. CARDIOPUL MONARY ARREST														
	DUE TO (OR AS A CONSEQUENCE OF):														
z I	Sequentially list conditions, METASTATIC LIVER DISEASE W/ UNKNOWN PRIMARY														
HILLAHON	if any, leading to immediate		DUE TO	OR AS A C	ONSEQU	UENCE OF):								
3	CAUSE (Disease or injury	c						TRUC'	TION.	, COL	_EC'	YSTITIS			
	that initiated events resulting in death) LAST		DUE TO	OR AS A C	ONSEO	UENCE OF):								
ן ל		d													
	PART II. Other significant condition	ona co	ontributing to	death but	not re	sulting i	n the u	nderfyln	g ceuse	given in	Part I.	24a. WAS AN		24b.	WERE AUTOPSY FINDINGS
EDICAL												PERFOR		-	AVAILABLE PRIOR TO COMPLETION OF CAUSE
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HYSICIAN	25. WAS CASE REFERRED TO MEDICAL	T						26. PI	ACE OF D	EATH (Che	eck only	one)			
2	EXAMINER?		OSPITAL:	ER/Outpati	lent 3 [DOA	OTHE	R:	-			ther (Specify)			
	27. MANNER OF DEATH		28a. DATE OF	INJURY		28b. TIME	OF	28c. INJ	URY AT	and wince		ESCRIBE HOW IN	JURY OC	CURED	
2	1 Natural 5 Pending (Month, Day, Year) INJURY WORK?														
	3 Suicide 8 Could not be 28s. PLACE OF INJURY — At home, farm, street, factory, office 28s. LOCATION (Street and Number or Rural Route Number,								loute Number,						
COMPLEIED	4 Homicide determined building, atc. (Specify)														
ן ל	29a. CERTIFIER (Check only	SICIAN	: To the best of	my knowled	ige, dest	th occume	d at the t	ime date	and place	and due	to the	reuse(s) and man	nor en ele	ted	
<u> </u>) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFI														
מ	Dau15	Y	Will	(/	ci	MA	11			O/		3			(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON W	/HO CO	MPLETED CANS	E OF DEATH	H (ITEM	27) (Time	Fire			- / -	-/.		70	101	11112
	Dr. Francis Ca							C11-	to 2	12		Tours	MJ	2121	14
	31. DATE FILED (Month, Day, Year)	اللا الله					DI.	au]	LE Z	14	,	Towson,	rid.	212	J4
	MAR 06 1992	4	32. REGISTRA	son-Ra	ndel	2									

TO FIGURE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

THE FIGURE OF After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be marked for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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DIVISION OF VITAL RECORDS, P.O. BOX 68/60,	THE ATTENDING PHYSICIAN. The law requires that the death certificate be executed within
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physician. burial-transit permit. Pages 1, 2, 3 should	œ	9a. FACILITY NAME (If not Institution, give atreet
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-	ည	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY
Page	DIRECTOR	
rmit.	1	Maryland Baltim 100. STREET AND NUMBER
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ician.	FUNERAL	11. MARITAL STATUS 12
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r after use a		15. DECEDENT'S EDUCATI (Specify only highest grade com-
retained by the hospital or attending physician 5 should be detached for use as the burla-tra notified at once.	TO BE COMPLETED	Elementary/Secondary (0-12) C
the hospit detached once.	NO.	17. FATHER'S NAME (First, Middle, Last)
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should	8	19a. INFORMANT'S NAME (Type/Print)
e reta e 5 si noti	일	Eleanor L.H. Stewa
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.		20e, METHOD OF DISPOSITION 1 General 2 Comments 3 Removal
death. Page 6 m funeral director, xaminer mus		4 Donation 8 Other (Specify)
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within 24 hours after mpletely filled in by the cremation, or removal vent, the medical		23. PART i. Enter the diseases, or com ahock, or heart fellure. Liet
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ICIAN: The law requires that the death cartificate be executed within 24 hours after of certificate has been signed by the attending physician and completely filled in by the the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal, or item 23 shows any Injury, or other traumatic event, the medical expenses the property or other traumatic event, the medical expenses the property or other traumatic event, the medical expenses the property of the pr	HYSICIAN: MEDICAL CERTIFICATION	PART ii. Other significent conditions co
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TTENDIN CTOR: At after de 28 1s r		3 Suicide 6 Could not be 4 Homicide determined
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AU OR OR OR OR OR OR OR OR OR OR OR OR OR	COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN ONE)
RIANT	S	2 MEDICAL EXAMINER: O
PORTA	BE (296. SIGNATURE AND TITLE OF CERTIFIER
6 6 8 K	0	
	-	30. NAME AND ADDRESS OF PERSON WHO CO

	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPARTMI CERTIFICA	ENT OF HEALTH		NTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Lest) Granvel, F.	GRANVEL F	STEWART, J			DATE OF DEATH DON'TH D		3. TIME OF DEATH	O M	
DET PHYSICIAN: MEDICAL CERTIFICATION	4. SOCIAL SECURITY NUMBER 212-14-2222	1 M 2 □ F	86 YRS. MONT	HB DAYS HOURS	Mere.	DATE OF BIRTH (Month, Day, Year)	05	8. BIRTHPLACE (State or Foreign Country) West Virgini		
	9a. FACILITY NAME (If not institution, give a ST TO SEPH RESIDENCE OF DECEDENT	AND PROPERTY OF THE PARTY OF TH		TOW	of DEATH Bultmure					
		imore	10c. CITY, TOU TOWS	On Location				10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FRAI	302 E. Joppa Rd	•		21204			U.S.A	OF WHAT COUNTRY?		
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 ⊠ NO	13. WAS DECENDENT If yes, specify Cut 1 YES 2 NO	en, Maxican, Pu			RACE — American Indian, Black, White, atc. Specify: hite		
-	15. DECEDENT'S EDU (Specily only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S USUA (Give kind of work d life. Do NOT use retir	one during most of work ed.)	sing	Accoun	SINESS/INDUST			
	17. FATHER'S NAME (First, Middle, Last) Herman	Ste		Ann	a	First, Middle, Maiden	Sumame) Jone:			
	Eleanor L.H. Stev	vart						(e)		
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Rem 4 Donation 8 Other (Specify)	oval from State Ce	metery, crematory or other pla	ace)		_	son, Mo			
	21. SIGHATURE OF PUNERAL SERVICE LIC	ensee I the		Ruck Tow	son Fu	neral Ho				
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory srrest, ahock, or heart feilure. Liet only one cause on each line. IMMEDIATE CAUSE (Final									
IFICATION	Sequentially list conditions, If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events b. Amoxic encephalo pathus DUE TO (OR AS A CONSEQUENCE OF): C. As fluxia DUE TO (OR AS A CONSEQUENCE OF):									
3	PART II Other significant conditions contribution to death but not a significant conditions.									
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SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Input lent 2 ER/Outpet lent 3 DOA 4 Number More 5 Red language A Character A Char									
N FRI	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d	DESCRIBE HOW I	NJURY OCCURE	ED		
u I	3 Suicide 8 Could not be detarmined	Stewart Anna 199b. MAILING ADDRESS (Street and Number or Re 30.2 E. Joppa Rd. Tr. POSITION metion 3 Removed from State CONTROL Specify) METAL SERVICE LICENSEE 20b. PLACE AND DATE OF DISPOSITION (Name of cemeiery, crematory or other place) HILL top Service Corp. RUCK TOWSOR 1050 York F. The diseases, or complications that caused the death. Do not enter the mode of dying, if or heart felture. Liet only one cause on each line. E (Final DUE TO (OR AS A CONSEQUENCE OF): AND YOU In Caphalo pathy DUE TO (OR AS A CONSEQUENCE OF): AND YOU In Caphalo pathy DUE TO (OR AS A CONSEQUENCE OF): A. DUE TO (OR AS A CONSEQUENCE OF):	281.	LOCATION (Street a City or Town, State)		lural Route Number,				
TO BE COMPLETED BY FUNERAL DIRECTOR	2 MEDICAL EXAMINE	R: On the beals of examination						use(a) and menner as stated	d.	
ō		mani	LAND.	29c LIC	SENSE NUMBER	141	29d. DATE SIG	SINED (Month, Day, Year)		
	31. DATE FILED (Month, Day, Year)	OODBOX	ANE,	RALTI	MORE	, MD	21200	7		
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RECT	To hours after death with the State Dept. of Health and Mental Hygiene prior	I lem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examine
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	1 - FOR STATE REGISTRAR	STATE OF MARY	AND / DEPAR CERTIF	TMENT OF	HEALTH AN	D MENT	AL HYGIEN REG. NO.	Ε	_		
	1. OECEDENT'S NAME (First, Middle, Last					MON	E OF DEATH	er .	YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HR		E OF BIRTH	1	92 i	10:15 A M	
	212-016 '6853 9a. FACILITY NAME (If not institution, give	12 M 2 F	72 YRS.	MONTHS DAYS	OR LOCATION OF	1	1/13/19	9c, COUNT	Country	Maryland	
TOR	Good Samaritan				imore	· OCAIN		SC. COUNT	Y OF DE	ATH	
DIRECTOR	Md. 10a. STATE 10b. COUN	TY	10c. CITY	Baltimo	1000					10d. INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER				f. ZIP CODE			10g. CITIZE		AT COUNTRY?	
FUNERAL	2001 Winford F				21239)					
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2/1 NO	17 yes, s	ENDENT OF HIS ecity Cuban, Mai 2 NO Spe	cican, Puerto	IN? (Specify Yee Rican, atc.)	or No-	or No- 14. RACE — American Indian, Block, Whita, atc. Specify:		
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	UCATION le completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of w life. Do NOT use	rork done during m	ON ost of working	16	b. KINO OF BUS	INESS/INDUS		White	
₩	10 17. FATHER'S NAME (First, Middle, Last)		Sheet Me	tal Fab				Emplo	oyed		
		- 3					Middle, Maiden	Sumame)			
BE	Raymond Siegmu 19a. INFORMANT'S NAME (Type/Print)	nd	19b. MAILING	ADDRESS (Street		Hazel		Charles Tile Co	- 4-1		
2	Dolores Siegmu	nd		Winford						220	
	20a. METHOD OF DISPOSITION 1 M Burlal 2 Cremetion 3 Ren	200	. PLACE AND DATE O	F DISPOSITION (N		OA.		ATION - CIT			
	4 Donation 5 Other (Specify)		netery, crematory or other Rosa		tery	3/	6/92	Balt	imo	re, Md.	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND AGORESS OF FACILITY Ruck Towson Funeral Home Inc. 1050 York Rd. 21204										
CERTIFICATION	23 PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert failure. List pnly pna cause on each fina. IMMEDIATE CAUSE (Final disease or condition resulting in death)										
PHISICIAN: MEDICAL	PART II. Other significent condition	ne contributing to death b	the underlyin	g ceuse given	in Part I.	PERFORMEO?			24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
A N	25. WAS CASE REFERRED TO MEDICAL			20 00	ACE OF DEATH (
2	EXAMINER? 1 YES 2 NO	HOSPITAL:	atlent 3 DOA								
Ē	27. MANNER OF OEATH	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME		URY AT		SCRIBE HOW IN	JURY OCCUP	REO		
	1 Natural 5 Pending 2 Accident Investigation	(MONIN, Day, rear)	ULMI		RK? 'ES 2 NO						
- 11	3 Suicide 6 Could not be determined	28a. PLACE OF INJURY building, atc. (Spec	— At home, farm, at	raet, tactory, offic	1	28f. LOC City	28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLEIED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(a) and manner ea stated. 2 MEDICAL EXAMINER: On the best of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.										
0 00	296. SIGNATURE AND TITLE OF CERTIFIE	Q. Ped	in 1	1-D.	29c, LICENSE N	UMBER			IGNED (A	fonth, Day, Year)	
	30. NAME AND AGORESS OF PERSON WH		ATH (ITEM 27) (Type, I UH PJ-VET		· , #	BALT	, M	DZ	12	29	
	MAR 06 1992	Julia Davidson	ATURE								

CERTIFICATE OF DEAT

CAUSE OF DEATH (ITEM 27) (Type, Print)

32. HENSTRAN & GIGNATURE RANDE

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31. DATE FILED (MONTH, Day Year) MAR 06

1. DECEDENT'S NAME (First, Middle, Lest) 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday IF UNDER 1 YEAR IF UNDER 24 DAYS 1 3 1 2 | F permit. Pages 1, 2, 3 should 9b. CITY, TOWN OR LOCATION 100 amor DIRECTOR RESIDENCE OF DECEDENT 10e. STAFE 10b. COUNTY BALTIMORS FUNERAL 10s. STREET AND NUMBER filled in by the funeral director, page 5 should be detached for use as the burial-transit 11630 AR GAC ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? THE YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13 WAS DECEMBENT OF BALTIMORE, MARYLAND 21215-0020 If yes, specify Cubi 1 Never Married 2 Married BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) (Specify only highest grade co entary/Secondary (0-12) 8 YRS. College (1-4 or 5+) notified at once. 17. FATHER'S NAME (First, Middle, Last) HARL BE 190. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number of 2 pe 20b. PLACE AND DATE OF DISPOSITION (Name of must examiner 22. NAME AND ADDRESS SVANS 23 shows any injury, or other traumatic event, the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying ahock, or heert feliure. List only one ceuse on each line. cremation, or **IMMEDIATE CAUSE (Final** disease or condition this certificate has been signed by the attending physician and completely visit the State Dept, of Health and Mental Hygiene prior to burial, crematic 110 resulting in death) DIVISION OF VITAL RECORDS, P.O. BOX 68760, COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION Sequentially ilst conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause give 25. WAS CASE REFERRED TO MEDICAL EXAMINER? or Item OTHER 1 YES 2 NO tient 2 ER/Outpatient 3 DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) TO THE FUNERAL DIRECTOR: After this cer be filed within 72 hours after death with the IMPORTANT: If Item 28 is marked, 28b. TIME OF INJURY 28c. INJURY AT WORK? 1 Return 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 Suicide 6 Could not be 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, e 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred 29b. SIGNATURE AND ATTLE OF CERTIF BE

	IEALTH DEAT		MENTA	L HYGIEN	E	2	U	6359		
			2. DATE MONT	of DEATH	AY 7	92	3.	TIME OF DEATH		
YEAR DAYS	IF UNDER	24 HRS. MIN.		OF BIRTH	116	3.	PAR	YLANO		
3	OR LOCATION	OH OF DE	ATH 10/		9c. COU	NTY (OF DEAT	н		
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erlyln	g cause g	lven in	Part I.	24s. WAS AN PERFOR 1 TYES 2	MED?		CO	RE AUTOPSY FINDINGS INLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO		
26. PI	ACE OF D	EATH (Che	ick only o	ne)						
ng Home 5 Residence 6 Other (Specify)										
8c. (NJ WC	URY AT PRK? YES 2	NO	28d. DE	SCRIBE HOW I	NJURY OC	CURE	D			
y, offic	•		26f. LOC City	ATION (Street or Town, Stelle)	and Number	or Ru	iral Route	Number,		
e, date	end place,	end due	10 lhe ca	use(e) end mar	ner ee ata	ted.				
nlon, d				end place, en				d menner ee stated.		
	29c. LICE	NSE NUM	BER		29d. DAT	E SIG	NED (Mo	nth, Day, Year)		

Balhmore. MD 2120

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HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should by	
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DAY 1992 4:00 JAMES EDWARD SCHLOSSNAGLE 64 AM 0 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER I YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 1 M 2 F 214-50-3286 9-3-1948 MARYLAND 9a. FACILITY NAME (If not institution, give street and number 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH JOHNS HOPKINS HOSPITAL FUNERAL DIRECTOR BALTIMORE CITY 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE DUNDALK 1 YES XX NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 341.1 LIBERTY PARKWAY U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 11 VEY YES 2 □ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Coben, Mexican, Puerto Rican, etc.) 14. RACE - American Indien, Black, White, etc. 1 Never Married 2 Merried BY 1 YES 2 NO Specify 3 Widowed 4 Divorced VIETNAM WHITE BE COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working lift "no NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementary/Secondary (0/12) College (1-4 or/5 }. YEARS BALTIMORE COUNTY FIRE DEPARTMENT CAPTAIN notified at once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME /First Middle Maiden Surhame GEORGE W. SCHLOSSNÁGLE. AUDREY DICKERSON 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 GEORGE W. 3411 LIBERTY PARKWAY BALTIMORE MARYLAND 21222 pe 20e_METHOD OF DISPOSITION

20e_METHOD OF DISPOSITION

20e_METHOD OF DISPOSITION

21. SIGNATURE OF FUNERAL SERVICE LICENSEE 20b. PLACE AND DATE OF DISPOSITION (Name of must 20c. LOCATION - City or Town, State OATE LAWN CEMETERY BALTIMORE, MARYLAND 3-6-92 examiner 22. NAME AND AGORESS OF FACILITY DUDA-RUCK FUNERAL HOME OF DUNDALK INC. 1922 WISE AVENUE DUNDALK MD 23. PART I. Enter Hy diseases or complications that ceused tha death. Do not enter tha mode of dying, such as cerdiac or respiratory arrest, Approximete neart fallura. List only one cause on each lina. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition Zyrs 3 mmths LUNG aucer. resulting in death) shows any injury, or other traumatic event, DUE TO (OR) AS A CONSEQUENCE OF): PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMEO? AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) HOSPITAL:
1 Inpetient 2 ER/Outpetient 3 DOA OTHER: 1 YES 2 NO te 5 🗆 Residence 6 🗆 Other (Specify) 27. MANNER OF OEATH 26a. DATE OF INJURY (Month, Day, Year) 25b. TIME OF 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending BY 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Sulcide ETED 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) S Could not be 4 Homicide COMPL 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner ea stated. 2 MEDICAL EXAMINER: On the spens of exemination and/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(s) and manner as stated. 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) 52438522751 02/ 4 On 2 LETED CAUSE OF OEATH (ITEM 27) (Type, Print) LEROS 5 Hopk.

2. MEGISTHAR'S SIGNATURE Hands

DHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

FOR STATE REGISTRAR

1 -

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1. DECEDENT'S NAME (First, LEROY E. S									2. DATI MON MAR		AY	YEAR 992	3. TIME OF DEATH 10:25A
	4. SOCIAL SECURITY NUMBER	R	5. SEX	6. AGE (in	yrs. lest birthday)	IF UNDE	R 1 YEAR	IF UNDER	24 HRS.		OF BIRTH			LU: ZJA
	218-01-8429		1 🛛 M 2 🗆 F	96	YRS.	MONTHS	DAYS	HOURS	MIN.		th, Day, Year) IL 20,		Country,)
	9a. FACILITY NAME (If not ins		9b. CIT	r, TOWN	OR LOCATI	ON OF D		LL 2U,		TY OF DE	TIMORE, MD			
OR	ANNE ARUND		OSPITAL			AN	ANNAPOLIS					1	ANNE	ARUNDEL
ក្ខ	RESIDENCE OF DEC	100 00	Y, TOWN	001004	TION									
DIRECTOR	MARYLAND	2.5	EN E								10d, INSIDE CITY LIMITS? 1 YES 2 X NO			
ERAL	10e. STREET AND NUMBER						10	. ZIP COD	E		-	10g. CITI2	EN OF WI	HAT COUNTRY?
Ä	1634 PLEASA	NTVI						_	106				S.A.	
BY FUN	11. MARITAL STATUS 1 Never Married 2 1 S Widowed 4 Diver		12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES			13. WAS DECENDENT OF HISPANIC ORI- If yes, specify Cuben, Mexican, Puer 1 YES 2 NO Specify:					ORIGIN? (Specify Yes or No—Puerto Ricen, etc.) 14. RACI Blac Spec WHI			
딢	15. DECE (Specify only	UCATION te completed)	10	Sa. DECEDENT'S	USUAL C	CCUPATI	ON of works	~	16	b. KIND OF BU	SINESS/INDI			
	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)				(Give kind of life. Do NOT u	se retired.)	Junty M	rat of WORKI	·u					
COMPL	UNAVAILABLE				BUILDING CONTRACTOR SELF-					SELF-	EMPLOY	ZED		
3	17. FATHER'S NAME (First, Mic						16. MOTHER'S NAME (First, Middle, Melden Surname)							
B	CARLTO							RCELL						
2	19a. INFORMANT'S NAME (Ty							aber, City or Tox						
	DOROTHY J.				1634	PLEA	SANT	CVILL	E D	R - (CLENBUI	RNIE,	MD.	21061
	20e, METHOD OF DISPOSITION 1 (XBuriel 2 (Cremation		movel from State			AND DATE OF DISPOSITION (Name of emalory or other place) DATE 20c. LOCATION — City or Town, State								n, State
- 1	4 Donation 6 Other (Specify) LORRAINE PARK CEMETERY 3/6										WOODLAWN,			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HUBBARD FUNERAL HOME INC.													
	HUBBARD FUNERAL HOME INC. 4107 WILKENS AVENUE-BALTIMORE, MD. 2122										MD 21220			
RTIFICATION	Sequentially list condition if any, leading to immed cause. Enter UNDERLYIN CAUSE (Disease or Injurthat initiated events resulting in death) LAST	lote IG y	b. CHO	(OR AS A CO	ONSEQUENCE O	F):								
										WERE AUTOPSY FINDING				
MEDICAL							1 YES 2 NO COMPLET OF DEATH 1 YES							
CIAN	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:					ACE DF D	EATH (C	heck only o	ne)			
PHYSICI	1 TYES 2 NO		1 Inpatient 2	ER/Outpetie	ent 3 🗆 DOA	4 Nu		6 5 🗆 Re	sidence	8 🗆 Oth	er (Specify)			
BY PH	27, MANNER OF DEATH 1 Netural 6 P 2 Accident Ir	ending restigation	28e. DATE OF (Month, E		28b. TIN	IE OF JURY M		URY AT PRK? YES 2] NO	28d, DE	SCRIBE HOW	NJURY OCC	URED	
	3 Suicide 6 C 4 Homicide	At home, farm,	street, fac	tory, offic	•			CATION (Street or Town, State)		or Rural Ro	ute Number,			
COMPLET			SICIAN: To the best of e											end manner se stated.
U I	29b, SIGNATURE AND TITLE	OF CERTIFIE	R					29c. LICE	NSE NU	MBER		29d. DATE	SIGNED (Month, Day, Year)
ן מ	Allen the	4	ulion	KUN				7:	367	208				92
2	JOHN		ACKSUN			Print)	287	Dr	A	em	osoe			
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE MAR 0 6 1992 ALVIO SPECIAL DESCRIPTION OF STREET OF S													

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

DIADA H (S 91. DATE PILED (MOVID, Cogi Hoay) MAR 0 6 1992

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yaz necestran s signature runa Davidson-Roydae

											92	06362
	1 - STATE REGISTRAR	STATE OF MARYLAN	ID / DEPAR						YGIEN	E	- 6	00002
	1. DECEDENT'S NAME (First, Middle, Last)	Logie	Penelo	pe S	pare	à		2. DATE OF MONTH	DEATH DA	23/	2/92 93	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 363 - 26-8740	a. SEX a. AGE (In yr	rs. last birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF E (Month, De	y, Year)	25	8. BIRTHP Country)	LACE (State or Foreign
ro	90. FACILITY NAME (If not institution, give street SOSEPH R)	cheu Hos	SPICE	9b. CITY		Altir					NTY OF DE	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	Altimore		TY, TOWN C			noini					IOd. INSIDE CITY
	10e. STREET AND NUMBER					Eastr				10n, CIT		YES 2 NO
LONEHAL	6931 Bank St						21224	4			USA	AL COUNTRY!
0	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO		WAS DEC If yea, spe 1 YES	ecify Cubar	F HISPANI n, Mexican Specify:	IC ORIGIN? (S _i 1, Puerte Rican	ecify Yea , etc.)	or No	Black, Specify	American Indien, White, atc.
ורבובט	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	(Give kind of a	NT'S USUAL OCCUPATION of of work done during most of working Of use retired.) SEWLIFE									
T L	17. FATHER'S NAME (First, Middle, Last) Harry Ballos					18. MOTH	IER'S NAN	NE (First, Middle	, Meiden S	Surname)		
1	19a. INFORMANT'S NAME (Type/Print)	Mary Tymiska							0.11			
2	19a. INFORMANT'S NAME (Type/Print) Burt Spare 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City pr Town, State, Zip Code) 6931 Bank Street Baltimore Md. 212									224		
	20e, METNOD OF DISPOSITION 1 Description Method Description Descr	val from State cemeters	ACE AND DATE	other place)			2 /	DATE			City or Town	
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE A	adowri			Cery D ADDRES		5/92	BA.	Ltim	ore M	<u>a.</u>
	Connelly	Funeral	Hon	w		-		alHome				21221
	23. PART I. Enter the diseases, o co- shock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	omplications that caused the list only one cause on each OU - Shared OUE TO (OR AS A CO)	Car	C_{1}				as cardiac		atory arr	reat,	Approximate Interval Between Onset and Death
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A COR										
	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (DR AS A COR	NSEQUENCE OF	Pi:								
	PERFORMACO? AM									MALABLE PRIOR TO COMPLETION OF CAUSE IF DEATH?		
	28. WAS CASE REFERRED TO MEDICAL. EXAMINER? HOSPITAL: OTHER											
	27. MANNER OF DEATH	1 ☐ Inpatient 2 ☐ ERUOutpatien 28s. DATE OF INJURY (Month. Day, Year)	25b. TIM	-	28c, INJ	JRY AT		28d. DESCRIB		and the latest state of th	Py BE	
	1. Natural 5 Pending 2 Accident Investigation 3 Solicide 6 Could not be	M home, ferm, a	M:		ES 2 [ter Location	d offered to	- A M	or Ward Wa	- # - 1	
	Hamicide determined	bullding, ate. (Specify)	amar hawaii.	Model III	Problem &	8		City or the	en, Stataj	- reuniber	or Hunt Hou	THE PROPERTY OF
	(Check only one) 2 NEDICAL EXAMPLES.	AN 20 the best of my knowledge On the basis of examination and	s, death occurs d/or Investigatio	ed at the ti	ins, data i	and place, rath occurs	and due to	o the cause(s) ime, date and ;	and many	ter as state	ed. e cause(x) s	nd manner as stated.
	296 GIGNATURE AND TITLE OF CENTIFIES	A Line	HiD			29t. LICES	194	16		29d. DATE	S/3/	forth, Day, Mar)

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92 06363

REGISTRAR	CERTIF	ICATE OF DEATH	REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last) LARRY M.	EDGMIC	K	2. DATE OF DEATH DAY	92 1849		
4. SOCIAL SECURITY NUMBER 5. SEX 218-52-5132 9a. FACILITY NAME (If not Institution, give street and number)	1 /	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, pay, Year)	8. BIRTINPLACE (State or Foreign Country) ARUNDEL CO. MD.		
NOVTH AVUK	lel Hesp.	6 EN BUV	PAIS 90	COUNTY OF DEATH		
10a. STATE 10b. COUNTY	10c. CIT	Y, TOWN OR LOCATION GLEN BURNTE		10d. INSIDE CITY LIMITS? 1 YES 2 NO		
100. STREET AND NUMBER 8036 SOLLEY ROAD		10f. ZIP CODE 21060	21061	USA.		
11. MARITAL STATUS 1 Never Merried 2 Married 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If yes, specify Cuban, Maxican, Puerto Rican, etc.) 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—Forces? 1 YES 2 NO Specify: Black, White, a Specify: BLACK 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16. RACE — American if yes, specify Cuban, Maxican, Puerto Rican, etc.) 16. RACE — American if yes, specify: Was or No—Forces of the specify: Black, White, a Specify: BLACK 16. RECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)						
19a. INFORMANT'S NAME (Type/Print)	19b. MAILING	AOORESS (Street and Number or Rural	IINE GAITHER Route Number, City or Town, Sta	ite. Zip Code)		
JOSEPHINE SEDGWICK		SOLLEY ROAD, GLE				
20a. METHOO OF DISPOSITION NO Burtal 2 Cremation 3 Removal from S 4 Donation 5 Other (Specify)	tete 20b.PLACE AND DATE of cometery, cremetery or or MT . ZION C		100	ON — City or Town, State MORE . MARYLAND		
P). BIONATURE OF FUNERAL SERVICE LICENSEE	0.	22. NAME AND ADDRESS OF FA	WN JR. FUNER			
Sequentially liet conditions, If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A CONSEQUENCE OF					
PART II. Other algorificent conditions contribu	ting to deeth but not resulting I	n the underlying ceuse given in	Part I. 24a. WAS AN AUTO PERFORMED	AWAILABLE PRIOR TO		
			1 □ YES 2 X	OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPIT	AL:	26. PLACE OF DEATH (Ch	eck only one)			
27. MANNER OF DEATN 26a. C	ant 2 ER/Outpetlant 3 □ DOA IATE OF INJURY Month, Day, Year) 26b. TIMI INJURY	4 Nursing Home 5 Realdence E OF 28c, INJURY AT WORK? M 1 YES 2 NO	6 Other (Specify) 28d. DESCRIBE NOW INJUR	Y OCCURED		
3 Suicide 26a. F	LACE OF INJURY Al home, larm, s uliding, etc. (Spec/ly)	treel, factory, offica	281. LOCATION (Street and No City or Town, State)	imber or Rural Route Number,		
29e. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the be	best of my knowledge, death occurre ale of examination and/or investigation	d at the time, date end place, and due	to the cause(a) and menner e	s stated. To the cause(s) and menner ea stated.		
290. SIGNATUBE AND TITLE OF CERTIFIER	Del amor	nuty DOG	1BER 29d.	DATE SIGNED (Mogth, Day, Year)		
	NES, MD	POB	199	21711		
MAR 6 19	92 Julia Varido	-Randall				

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THENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be tritained by the hospital or attending physician.

ORECTAN: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should have a with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

Here 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

					IOAII		DEA			HEG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) JOHN		тно	MPS	N					3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER	L .	6. AGE (In yrs. les		IF UNDER		IF UNDER	24 HRS.	7. DATE	OF BIRTH			
	245-40-9680	1 🕅 M 2 🗆 F	6	60 YRS. MONTHS DAYS				MIN.	(Mont	h, Dey, Year) -1-31		Counti	N.C.
S S	90. FACILITY NAME (If not institution, give 1523 E.33rd.				100		OR LOCATI MORE	ON OF DE	EATH		9c. COU	NTY OF D	EATH
5	RESIDENCE OF DECEDENT					_							
DIRECTOR	MD 106. COUNT	Υ			Y, TOWN								10d. INSIDE CITY LIMITS? 1 YES 2 NO
M	10e. STREET AND NUMBER					10	H. ZIP COD						WHAT COUNTRY?
FUNERAL	1523 E. 33rd STREET					\perp	2]	218	3			B. BIRTHPLACE (State or Foreign B. BIRTHPLACE (State or Foreign N. C. ITY OF DEATH 10d. INSIDE CITY LIMITS? 1 YES 2 NO PART OF WHAT COUNTRY? U. S. A. 14. RACE — American Indian, Black, White, stc. Specify: BLACK USTRY STEEL Code) 21218 City or Town, State MILLS, MD NORTH AVE. Pet, Approximata Interval Batween Onset and Death Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1.2 YES 2 NO URED URED	
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMEI FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES					If yes, s	CENDENT Copecify Cube S 2 NO	n, Mexica	in, Puerto	4? (Specify Yes Ricen, etc.)	or No—	Black	k, White, atc.
	15. DECEDENT'S EDU (Specify only highest grade		16a, DE	CEDENT'S	USUAL O	CCUPATI	ION ost of working		168	. KIND OF BUS	SINESS/IND		
COMPLETED	Elementary/Secondary (0-12) 11th	College (1-4 or 5		. Do NOT us	se retired.)	ounng m	osi or workir	ng	F	BETHLE	EHEM	STI	EEL
8	17. FATHER'S NAME (First, Middle, Lest)						18. MOT	HER'S NA	ME (First,	Middle, Maiden	Sumeme)		
BEC	HENRY E. THOM	PSON					AN	NIE	В.				
2	19a. INFORMANT'S NAME (Type/Print)									ber, City or Town		,	
	DORA L. THOMPS	ON					-	T./					
	20e. METHOD OF DISPOSITION 1 X Buriel 2 Cremation 3 Ren 4 Donation	noval from State	20b. PLACE of cometery, cre	matory or or	ther place)				DAT	7.5			
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE ///	LGARR	RISON	J FC	RES	ND ADDRE	CF	CILITY	IWO	NGS	MIL	LS, MD
21. SIGNATURE OF FUNERAL SERVICE LIQENSEE 22. NAME AND ADDRESS OF FACILITY WM.C.MARCH F.H./1101 E. NORTH AVE.							RTH AVE.						
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST a. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
MEDICAL	PERFORMED? AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?												
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL						LACE OF D	EATH (Ch	eck only or	10)			
2	EXAMINER? HOSPITAL: 1 OYES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home to the nursing Home to				10 5 X Re	eldence	6 🗆 Othe	r (Specify)					
87 PH	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 26b, TIME OF INJURY 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				W	JURY AT DRK? YES 2] NO	28d. DES	CRIBE HOW II	NJURY OCC	CURED	
	Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, off building, stc. (Specify)				lory, offic	ce		281. LOC City	ATION (Street e or Town, State)	nd Number	or Rural F	Route Number,	
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and menner as stated. 2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and menner as stated.							e) and menner se stated.					
2	SOM STOCKETURE AND TITLE OF CENTIFIER						M .						
2	FRANK J. GO	O COMPLETED CAU				REE	T,BA	LTI	MORI	E,MAR	YLAN	D 2	1201
	31. DATE FILED (Month, Day, Year)		AR'S SIGNATURE									***	
ال	MAR 0.6 1992	(Change	widson B	street.							_		5.000.0000.00

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detacted for use as the fundament narms page 1.0.2 about
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

	1 - STATE REGISTRAR	STATE OF MARYLAN	ND / DEPARTM	ENT OF H	EALTH AND	MENTA	AL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)	Tour als			DEATH	MON	E OF DEATH		3. TIME OF DEATH	_
	4. SOCIAL SECURITY NUMBER	mund Lynch				Mar		1992		P
- 1	059-03-2812	1 X M 2 □ F 98	MO	UNDER 1 YEAR NTHS DAYS	HOURS MIN.	7. DATE	OF BIRTH	.893	BIRTHPLACE (State or Form Country) Barbado	olgn OS
S.	90. FACILITY NAME (If not institution, give structure) Torien Nursing		96		umbia	DEATN		Se. COUNTY	of DEATH	
DIRECTOR	Lorien Nursing RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY	<u> </u>	10c, CITY, TI	OWN OR LOCAT				110	10d. INSIDE CITY	
	Maryland 10e. STREET AND NUMBER	Howard			Col	Lumb:	ia	,	1 YES 2 X N	
FUNERAL	8948 Blade Gre	en Lane		101	ZIP CODE	210	+5		OF WHAT COUNTRY?	
BY FUR	11. MARITAL STATUS 1 Never Merried 2 X Merried 3 Vidowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 K NO	If yes, sp	ENDENT OF NISP ecity Cuben, Mexi 2 NO Spec	can, Puerto	N? (Specify Ye Rican, etc.)	s or No 14	. RACE — American Indiar Black, White, atc. Specify:	
	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION 16	Give kind of work	IAL OCCUPATIO	ON st of working	16	b. KIND OF BU	SINESS/INDUS	White	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use re	untar			Π.5	S. Gov	vernment	
S CO	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S	NAME (First,			02111110110	
8	Edward Thomas (Type/Print)	mas	T 400 MAIL 1110 AB			Jul		ırton		
2	Agnes S. Thom	as	19b. MAILING AD		Green				MD 2104	5
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Remove	val from State 20b. PL	ACE AND DATE OF D	SPOSITION (Na	me of	DAT	7E 20c, LO	CATION — City	or Town, State	
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE	Met	ro Crem		Inc.		ł Ba	altimo	ore, MD	
	George E.			Crema	tion S	ocie	ety of	f Md.,	Inc. MD 21:	228
	IMMEDIATE CAUSE (Final	mplications that caused the lat only one cause on each	ne death. Do not on line.	enter the mo	de of dying, su	ich aa car	diac Dr respi	iratory arrest	Approximat Interval Bet Onset and	ta tween Death
	disease or condition resulting in death) DUE TO (OR AS A GONSEQUENCE OF): 3 Weeks									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
AL C	PART il. Other aignificant conditiona	contributing to death but	not resulting in th	e underlying	cause given i	n Part i.	24a. WAS AN		24b. WERE AUTOPSY FINE	DINGS
MEDIC							PERFOR		AVAILABLE PRIOR TO COMPLETION DF CAI DF DEATN?	
E I									1 TES 2 NO	5
N N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PL	ACE OF DEATH (C	check only or	ne)			
	100000000000000000000000000000000000000	HOSPITAL: Inpatient 2 ER/Outpatie	nt 3 🗆 DOA 4	HER: Nursing Nome	5 🗆 Residence	8 🗆 Othe	of (Specify)			
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpettant 2 ER/Outpetient 3 DOA 4 Nursing Nome 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 28. DATE OF INJURY (Month, Dey, Year) 28. DATE OF INJURY M 1 YES 2 NO 28d. DESCRIBE HOW IN.						NJURY OCCUR	ED			
	3 Suicide 8 Could not be datermined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm, atreet			28t. LOC City	ATION (Street a or Town, State)	and Number or F	Bural Route Number,	
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA (Check only one) 2 MEDICAL EXAMINER:	AN: To the best of my knowledg On the basis of examination en	e, death occurred at	the time, date	and place, and du	e to the car	use(s) and men	ner se stated.		
i l	296 SIGNATURE AND TITLE OF CERTIFIER	11.		-	Sc. LICENSE NU		and place, div		GNED (Month, Day, Year)	
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH			0211	16/		▶ 03	1/04/92	
	Parry A. Moore,		noll No	rth D	rive	Colu	mbia,	MD	21045	
	31. DATE FILED (Month, Day, Year) MAR	9 32. R 199 2's slogg	me Havidson	-Mandell						

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BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
that the death certificate	d by the attending physical and Mental Hygiene pr	ny injury, or other t
iCIAN: The law requires	certificate has been signe the State Dept. of Healt	, or item 23 shows
L OR ATTENDING PHYS	DIRECTOR: After this hours after death with	item 28 is marked
TO THE HOSPITAL	TO THE FUNERAL be filed within 72	IMPORTANT: IF

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTME CERTIFICA	NT OF HE	ALTH AND DEATH		GIENE G. NO.	_	000	00	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DE	ATH		3. TIME OF I	DEATH	
		Rudolph A.		l		March	3, 199	92 PAR	6:35	MA	M
- 8	4. SOCIAL SECURITY NUMBER		MONTH		F UNDER 24 HRS.	7. DATE OF BIF (Month, Day,	Want!	8. BIRTH Countr	PLACE (State	or Foreign	
	071-40-0987	1 🔀 M 2 🗆 F	43 YRS.	100	5.2	01/.	14/49	Journa	Cuba		
DIRECTOR	98. FACILITY NAME (If not institution, give s 809 W. Barre RESIDENCE OF DECEDENT		1230		location of di ltimo:		9c. COU	NTY OF D	EATH		
EC	10a. STATE 10b, COUNT	Y	10c, CITY, TOW	N OR LOCATION	N.				404 1110100		
	Maryland 100. STREET AND NUMBER					ltimor			10d. INSIDE LIMITS?	□ NO	
FUNERAL	809 W. Barre S					21230		US US	HAT COUNTR	177	
	1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 X NO	If yes, specif	y Cuban, Maxica	NIC ORIGIN? (Spe an, Puarto Rican, a	cify Yea or No-	14. RACE Black	- American , White, atc.	Indien,	
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	ATES	1 X YES 2	□ NO Specif	Cuban		Speci	Whi	ا م	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S USUAL (Give kind of work do	OCCUPATION			OF BUSINESS/IND	USTRY	AATIT	00	_
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use retired	ne aunng most o d.)	r working						
MP		4	Branch M	ianage	r	Soc:	ial Sec	curi	ty Ac	im.	
	17. FATHER'S NAME (First, Middle, Last)			16		ME (First, Middle,					
8	Rudolph S. 19a, INFORMANT'S NAME (Type/Print)	Urrutia				iolet	Perez				
9	Robert W. St	arkey	809 W.	Barre			or Town, State, Zip more, I		1230		
	20s. METHOD OF DISPOSITION 1	ovel from State com	PLACEAND DATE OF DISP etery, crematory or other place tro Crema	nel		4.	Balt)	
	21. SIGNATURE OF FUNERAL SERVICE 210	PHSEE THE	d	2. NAME AND	ADDRESS OF FA	CILITY	of Md	T			_
	George E.	MacNabh	2	100 Fr	Aderic	octera	d Bal	, L	MD 2	122	R
	23. PART I. Entar tha diseasas, pr	omplications that caused	the death. Do not ent	ar the moda	of dying, suci	h as cardlac pr	r respiratory arr	eat.	Approx		,0
	ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Degrad Onserved Syndrome Syndro										
Z	Sequentially list conditions b.										
CERTIFICATION	if sny, laading to immediata cause. Entar UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):								
Ĕ	CAUSE (Disease or injury that initiated avents	DUE TO (OR AS A	CONSEQUENCE OF):						1		
E	reaulting in death) LAST	d									
AL C	PART II. Other significant condition	a contributing to death br	ut not reaulting in the	underlying c	ausa olvan in	Part I 24n M	WAS AN AUTOPSY	245	WERE AUTOPS	24 120 120 120	
2		- 25%	ē. 1131	,		P	ERFORMED?	240.	AVAILABLE PRI	OR TO	
PHYSICIAN: MEDIC						_ ''	YES 2 X NO	1	OF DEATH?		
ž						-			1 YES 2	_ NO	
SA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE	OF DEATH (Che	eck only one)					\dashv
S	1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpe	Itlent 3 DOA 4 N	ER: lursing Home 5	K Realdence	6 Other (Speci	(v)				
F	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	26c. INJURY WORK?	AT		HOW INJURY OCC	URED			٦
À	1 Natural 5 Pending 2 Accident Investigation		М		2 NO						
COMPLETED	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, ferm, street, factory, office City or Town, State)										
7	29a. CERTIFIER (Check only	CIAN: To the best of my knowle	edge, death occurred at the	time date and	place, and due	to the cause(s) as	ad courses as state	4			
▼	one) 2 MEDICAL EXAMINER	R: On the basis of examination	and/or investigation, in my	opinion, death	occured at the	time, data end pla	ica, and due to the	ra. o cause(a)	and manner a	natated.	
	296 SIGNATURE AND TITLE OF CERTIFIER	2			c. LICENSE NUM						_
BE	Carla A. C	elevar	del10		D 270		Zyd, DATE	3 AV	Month, Day, Ye 4/92	ner)	
유	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Print)		D 2/	707		1)/0	4/92		\dashv
		exander M. 32. REGISTRAR'S DIGNA 1992 Julia		<u>Dulan</u>	ey Val	Lley Ro	d. Tows	son,	MD 2	120	14
	MAD 6	1992 Julie	Davidson-Mand	المالات							

4 5 165

92-1201-510 dr

9e. FACILITY NAME (If not institution, give street and number)

5. SEX

1XXM 2 | F

1. DECEDENT'S NAME (First, Middle, Lest)

ZIGMOND

4. SOCIAL SECURITY NUMBER

203-05-7255

1 - FOR STATE REGISTRAR

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BALTIMORE, MARYLAND 21215-0020

RECORDS, P.O. BOX 68760,

DIVISION OF VITAL

FRANK

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32. REGISTRAR'S SIGNATURE ruha Davidson-Handalle

should

DIRECTOR JOHNS HOPKINS HOSPITAL BALTIMORE CITY RESIDENCE OF DECEDENT 10a STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Baltimore City FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 315 South Washington Street 321 South Washington Street 21231 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1√ YES 2 □ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 X Married BY 3 Widowed 4 Divorced WWII COMPLETED 15. DECEDENT'S EDUCATION 16a, DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade compi Elementary/Secondary (0-12) College (1-4 or 5+) Yrs Plumber State of Maryland examiner must be notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Alexander Vovak Anna Zabovich BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Virginia Vovak 315 S. Washington St. Balto., MD 21231 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE Cak Lawn tenetery 3/5/92 Baltimore, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Elizabeth Lilly & Zeiler, Inc. Funeral Homes Se 1901 EAstern Avenue Balto. MD 21231 medical 23. PART i. Enjoy the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory street, shock, or heart failure. List only one cause on sech line. IMMEDIATE CAUSE (Final the disesse or condition ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE resulting in death) 23 shows any injury, or other traumatic event, DUE TO (OR AS A CONSEQUENCE OF): MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, leading to immedieta cause. Enter UNDERLYING CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the undarlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? CHRONIC OBSTRUCTIVE PULMONARY DISEASE 1 TYES 2 NO INQUIRY PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) Item OTHER:
4 | Nursing Nome \$ Thesidence \$ | Other (Specify) XXYES 2 NO 1 ☐ Inpetient 2 1 ER/Outpetient 3 ☐ DOA this certific with the S OR ATTENDING PHYSICIAN 6 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATN 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED is marked, 1 Natural INJURY 5 Pending 1 YES 2 NO DIRECTOR: After the hours after death with them 28 is mark BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 3 Suicide 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide **MPORTANT: If Item** 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 😾 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CENTURA 29c. LICENSE NUMBER BE C.M.E 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

MONTHS

YRS.

6. AGE (In yrs. last birthday)

69

VOVAK

DAYS

IF UNDER 1 YEAR IF UNDER 24 HRS.

HOURS

96, CITY, TOWN OR LOCATION OF DEATH

MIN

YEAR

1992

9c. COUNTY OF DEATH

10g. CITIZEN OF WHAT COUNTRY?

United STates

Specify:

3. TIME OF DEATH

11:06

10d, INSIDE CITY LIMITS?

14. RACE — American Indian, Black, White, etc.

White

Approximsts intervai Between

WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO

COMPLETION OF CAUSE

1 TYES 2 NO

OF DEATH?

29d. DATE SIGNED (Month, Day, Year)

03-03-1992

111 PENN STREET BALTIMORE MARYLAND 21201

Onset and Death

1 X YES 2 NO

BIRTHPLACE (State or Foreign Country)

Pennsylvania

REG. NO.

02

2. DATE OF DEATN

7. DATE OF BIRTN (Month, Dey, Year) 5/24/1922

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DIVISION OF VITAL RECORDS, P.O. BOX 68760	LOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicia

DIVISION OF VITAL RECORDS, P.O. BOA 00/00, The law requires that the death cardificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. In the law requires that the death cardificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLA	ND / DEPARTMENT	OF HEALTH AND	MENTAL	HYGIENE
	CERTIFICATE	OF DEATH		REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYLAND		T OF HEALTH AND E OF DEATH	MENTAL HYGIEN REG. NO.	E	00000	
	1. DECEDENT'S NAME (First, Middle, Last)	VALSOCIK			2. DATE OF DEATH DA	14 1993	3. TIME OF DEATH A	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (in yrs. ie	yrs. FUNDE	R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) RPRL 10.	9. BIR	ITHPLACE (State or Foreign intry)	
OR	9a. FACILITY NAME (If not institution, give s	troot and number) Lang GRIST	9b. CIT	ALTITORE	DEATH	9c. COUNTY OF	DEATH	
DIRECTOR	10a. STATE 10b. COUNTY	linori	19c. CITY, TOWN	- In the second			10d, INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	100. STREET AND NUMBER 22 D ALANBR	1 0	7	101. ZIP CODE	1	10g. CITIZEN OF	F WHAT COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AI FORCES? 1 TYES 2 IF YES, GIVE WAR OR DATES	RMED 13	. WAS DECENDENT OF HISPA If yes, specify Cuban, Maxic 1 VES 2 NO Speci	an, Puarto Rican, etc.)	Bi	CE — American Indian, ack, While, atc.	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	completed) (0	ECEDENT'S USUAL (Give kind of work done Do NOT use retired.	during most of working	16b. KIND OF BUS	BINESS/INDUSTRY	DALLZ	
	17. FATHER'S NAME (First, Middle, Last)	Pleak.	HI NO	18. MOTHER'S N.	AME (First, Middle, Matthe	Surname)		
TO BE	19a. INFORMANT'S NAME (Type/Print)		96. MAJLING ADDRES	SS (Street and Number or Rural	Route Number, City or Town	n, State, Zip Code)		
	20a. METHOD OF DISPOSITION DE Burtal 2 Cremetton 3 Rem		AND DATE OF DISPO		OATE 20c. LO	CATION — City or	Town, State	
	4 Donation 5 Other (Specify) 21. Signature of Funeral Service Lie	DUL	JUTA AL	NAME AND ADDRESS OF F	11 250 T22	<u>Janiu</u>	m,170.	
		Amor	19	325 YORK	(ROAD -	Timo		
ATION	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart failure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Oue To (or As A consequence off) Due To (or As A consequence off) Due To (or As A consequence off) Due To (or As A consequence off) Due To (or As A consequence off)							
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	OUENCE OF):					
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CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТНЕ	26. PLACE OF DEATH (C/				
BY PHYS	1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	1 Inpetient 2 ER/Outpetient 3 DOA Nursing Home 5 Residence 6 Other (Specify) 26e. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY AT WORK? 1 VES 2 DATE OF INJURY OCCURED						
	3 Suicide 6 Could not be detarmined 6 Could not be detarmined 6 Could not be detarmined 6 Could not be detarmined 6 Could not be detarmined 6 City or Town, State) 28t. LOCATION (Street and Number or Bural Route Number, City or Town, State)							
COMPLETED		CIAN: To the best of my knowledge, do R: On the basis of examination and/or					e(a) end menner as stated.	
D BE		ms MD		29c, LICENSE NU	783	29d. DATE SIGNE	ED (Month, Day, Year) CH4, 1992	
	30. NAME AND ADDRESS OF PERSON WHI OR. JOSEPH AC 31. DATE FILED (Month, Day, Year)	O COMPLETEO CAUSE OF DEATH (ITE	JOSEPS	4 RoFisci	onal Bui	10 int	-lowson	
	MAR 06 1992	guia Davidson-Ran	pless					

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-medus after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT		MENTAL HYGIENE
CERTIFICATI	E OF DEATH	REG. NO.

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THE PART IN COUNTY OF PEACH STATE OF PEACE DEATH Security of the control of the county		MATILDA WHIRLE										
See COUNTY OF DEATH See COUNT							Month, Day, Year)					
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VOID VICTOR VIC	7	DOROTHY WHIRLBY	510	2	NOR	400	od A	VB				
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		1 Netural 5 Pending (Month, Day, Year) INJURY WORK? M 1 YES 2 NO				NO						
4 Homicide determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end menner as stated.		3 Suicide 6 Could not be 28e. PLACE OF thJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF thJURY — At home, farm, street, factory, office City or lown. State)						Rural Route Number,				
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1) 12399 > 3/5/92	0	Whole Oderward K M.S.			D	1239	9	> 3	15192			
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typs, Print)	7	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITE	M 27) (Type,	Print)		7		_				
CHARLES O'DOISES'AN TO KESLICK INC 700 W. 40 TS. BALTIMOLE, M. 21211				c 70	D W. 40		. SMUT.	nole, m	21211			
31. DATE FILED (Month, Day, Year) 337 REGISTRAR'S SIGNATURE.		31. DATE FILED (Morith, Day, Year) MAR 06 1997 JUNA DAMAGON MAR	mplatte.			-						
		MAR 06 1992 Julia Davidson-Man	MARIE									

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or	TOTHE FUNERAL DIRECTOR: After this centificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use the formal 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	=
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	1 - STATE STATE OF MARYLAND		MENT OF H		MENTAL HYGIEN REG. NO.		
	1. DECEDENT'S NAME (First Middle, Last) Floring			ngton	2. DATE OF DEATH	7 92	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. 214-24-8441 1 1 M 2 7 F 65		IF UNDER 1 YEAR	IF UNDER 24 HRS, HOURS MIN.	7. DATE OF BIRTH	27 8. BIRTY	HPLACE (State or Foreign try) MD
DIRECTOR	9a. FACILITY NAME (If not institution, give street and number) MIEMSS JOUR TRAUMA CA RESIDENCE OF DECEDENT	nter	BOULT	MOR, I	4/0	9c. COUNTY OF D	DEATH
IREC	10a. STATE 10b. COUNTY M.D.		TOWN OR LOCAT		10d. INSIDE CITY LIMITS?		
	10e. STREET AND NUMBER	DAD	101.	10g. CITIZEN OF	1 KIXES 2 NO		
FUNERAL	205 N. PATTERSON PARK AVE	ENUE		U.S.A			
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 FORCES? 1 YES 2 FORCES?	ARMED	IMED IS. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 □ YES 2 ☒ NO Specify:				E — American Indien, k, White, etc.
15. OECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 11th DISABLED 16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) DISABLED 18. MOTHER'S NAME (First, Middle, Last)							piece C
OM	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NAM	E (First, Middle, Malden S	Sumama)	
BEC	RANDOLPH JACKSON			OLA BA	NNER	ron regreey	
196. IMPOHMAN1'S NAME (hype/Print) 196. IMPOHMAN1'S NAME (hype/Print) 197. IMPOHMAN1'S NAME (hype/Print)							21225
	4 Donation 5 Other (Specify) Cemetery, C	E AND DATE OF COMMENTS TERN		CEMETER		CATION — City or To	
	21. SIGNATURE OF FUNERAL SERVICE LICENSE	1	WM.C.		.H./1101	E. NOI	
	23. PART I. Enter the diseases, or complications that caused the ahock, or heart failure. List only one cause on each list immediate CAUSE (Final disease or condition resulting in death) s. FSRF mi	th pro	Orese	te of dying, such	es cardiac or respir	atory screat,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Inflisted events resulting in death) LAST	eiar minal r	mall fa	seil Fis	3 months		
PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing to death but not to the contribution of the contributio	PROULE PROULE	rome i rolong	CRUISE GIVEN IN P. CHOL FOLL CONTROL OF DEATH (Choc)	TOTOL SUL	HED?	WERE AUTOPSY FINDINGS AMALABLE PROOF TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SIC	EXAMINER? 1 YES 2 NO 1 Inpetient 2 ER/Outpotient		THER:	5 - Residence 6			
ву РНу	27. MANNER OF DEATH 1 Metural 5 — Pending (Mooth, Day Mear) 2 Accident Investigation	285. TIME O	F 28c INJU	RY AT	PAR DESCRIBE HOW IN	JURY OCCURED	
- 10	3 Suicide 6 Could not be determined 28s. PLACE OF INJURY — At a building, etc. (Specify)	home, farm, atre-	et, factory, office	2	City or Town, State)	d Number or Rurel R	louis Numbec
BE-COMPLETED	29a. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, one) MEDICAL EXAMINER: On the best of examination end/or	death occurred a	it the time, date e	and pleca, and due to	the cause(s) and menn	er as stated. due to the cause(s) and manner as stated.
TO BE-	Whelen H.	0		DHAD	93	29d. DATE SIGNED	(Month, Day, Year)
	33 AME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (IT	S.Dr	elh A	4. Ba	llimore	MD	2/20/
	31. DATE FILED (Month Pay, Year) 32 REGISTRAR'S SIGNATURE	-		/			W W T

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	r death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the low filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	fificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	examiner must be notified at once.
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	TO BE COMPLETED BY FUNERAL DIRECTOR

92 06371 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF CEATH MONTH 3 92 HAZEL WALLER 4 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign Country) 218-03-1174 1 7 M 2 F 79 YRS. 12-25-1 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OFATH FRANCIS SCOTT KEY MEDICAL CTR. BALTIMORE RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD BALTIMORE 1 X YES 2 NO 10s. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 1614 N. BRADFORD STREET 21213 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or NoIf yes, specify Cuban, Maxican, Puarto Rican, stc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married FORCES? 1 YES 2 2 NO 1 TES 2 NO Specify: Specify: 3 Widowed 4 Divorced BLACK 15. OECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KING OF BUSINESS/INDUSTRY (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 6th CRANE OPERATOR BETHLEHEM STEEL 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) AMOS WALLER KATE BOYD 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) LILLIAN WALLER 805 MELVILLE AVE./BALTIMORE, MD 21218 20a. METHOD OF DISPOSITION

1 Burlal 2 Cremetion 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, Stata VOSHELL MEMORIAL GARDENS BALTIMORE, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM.C.MARCH F.H./1101 E. NORTH AVE. Enter the dieases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, Approximeta shock, or heart fellure. List only one ceuee on each line. interval Between IMMEDIATE CAUSE (Final Onset and Death diseese or condition cerebral recuiting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): cerebal Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? 1 YES 2 NO YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1. Linpatiant 2 ER/Outpatient 3 DOA OTHER: 1 YES 2 NO 4 ☐ Nursing Home 5 ☐ Residence e ☐ Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28b. TIME OF INJURY 20d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO 2 Accident 3 Suicide 28a. PLACE OF INJURY — At home, farm, street, tectory, office building, atc. (Specify) 28t. LOCATION (Street end Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide determined 29e. CERTIFIER
1/ CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the beals of examination end/or investigation, in my opinion, death occured at the time, date and place, end due to the ceuse(s) and manner as stated. 29d. DATE SIGNED (Month, Day, Year) Affender Mulologis 192 035628

NAME AND ANDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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	2, 3 should	
an.	The Chart this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for the burial transition burial hygiene prior to burial, cremation, or removal.	
attending physic	ise as the burial-	
by the hospital or	be detached for I	at once.
nay be retained t	, page 5 should	st be notified
death. Page 6 r	e funeral director al.	examiner mus
nin 24 nours after	tely filled in by th nation, or remove	t, the medical
be executed with	ician and complei nor to burial, crer	traumatic even
e death certificate	he attending phys Mental Hygiene p	jury, or other
w requires that th	been signed by t	shows any in
HYSICIAN: The lan	his certificate has with the State Deg	ed, or item 23
Prince of ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-hours after death. Page 6 may be retained by the hospital or attending physician	LEBY UNECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi Iff the come after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.	IT, III hem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1	FOR STATE REGISTRAR	SIALE OF M	/ MARYLAND CE	DEPAH RTIF	ICATI	I UF H E OF	DEAT	AND I	MENTAL HYGIEN REG. NO			
		1. DECEDENT'S NAME (First, Middle, Last) NATHANIEL	WILL	_IAMS	JR.					2. DATE OF DEATH DO DO DO DO DO DO DO DO DO DO DO DO DO	AY	9 YEAR	3. TIME OF DEATH
	Ì		SEX	6. AGE (In yrs. las		IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 04 24 39		6. BIRTH	PLACE (State or Foreign
	١	110116	M 2 F	52	YRS.								ryland
l m		9s. FACILITY NAME (If not institution, give street		+ 1.11			r, TOWN O		ON OF DE	ATH		INTY OF O	
1 6		RESIDENCE OF DECEDENT	tional Institute Westover							50	mers	et	
DIRECTOR		10s. STATE 10b. COUNTY					OR LOCAT						10d. INSIDE CITY LIMITS?
	- 18.	Maryland Somer	set		L	West	tove	T ZIP CODE			T-10- 017	TITEN OF I	1 TYES 2 XXNO
FUNERAL		3420 Revells Ne	ok Po	o d			101.		871			.S. Z	
NS.	l		. WAS DECEDEN	IT EVER IN U.S. AR	MED	13.		ENDENT C	F HISPAN	IIC ORIGIN? (Specify Yes		14. RACE	— American Indian, White, atc.
BY F		1 Never Married 2 Married 3 Widowed 4 Divorced	ed FORCES? 1 VES 2 NO R yes, specify Cubsin, Maxicar I VES 2 NO Specify							Specif			
ED	ı	15. DECEDENT'S EDUCATE (Specify only highest grade com-	ION poletecti	16s, DE	CEDENT'S	USUAL C	CCUPATIO	N et of workin	107	16b. KIND OF BU	SINESS/IN		
COMPLETED	ı		Collegs (1-4 or 5	+)			during mos		9				
MP		17. FATHER'S NAME (First, Middle, Last)		PI	<u>roje</u>	ctio	oniș		VEGIO NA	ME (First, Middle, Maiden		heat	er
		Nathaniel Wil	liomo						arv	artifet salt see	llia	me	
) BE		19s. INFORMANT'S NAME (Type/Print)	114115	19	b. MAILING	ADDRES	S (Street a			Route Number, City or Tow			
٤		Mary E. Wil	liams		918	Pei	nnsy	lva	nia	Ave./Ba	ltim	ore,	Md 21201
		20e METHOD OF DISPOSITION ABouriel 2 Cremation 3 Remove	from Stats	20b. PLACE other pi	ace)							- City or To	
5	-	4 Donation Other (Specify) 21. SIGNATURE/OF FUNERAL SERVICE LICENS	SEE // /	Mt.	210		emet				ansd	owne	e, Md.
CAS		· Monceia	LI	XILL	6	6				I./1101 E.	NORT	гн аv	ENUE
	1	23. PART I. Enter the diseasea, or com				not anta	r tha mo	da of dy	ing, suc	h as cardiac or reap	Iratory si	rrest,	Approximats
		shock, or heart failure. Liat IMMEDIATE CAUSE (Final disease or condition resulting in death)	Week	eshice	DI	Nola	este	tic	60	lan Ca			Interval Between Onset and Death
z		-	Con	CON A CONSE	OWENCE O	1	al	on					1/eer
CERTIFICATION		Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONSE	OUENCE O	7							
I S	1	CAUSE (Disesse or Injury	DUE TO	(OR AS A CONSE	OUENCE C	F):							· ·
FE	I	resulting in death) LAST	/										
		PART II. Other significant conditions of	contributing to	death but not	reaulting	In tha u	nderlying	cause	given in			24b.	. WERE AUTOPSY FINDINGS
CAL			1							1 YES :			AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDI	ı		/										DF DEATH?
Z			<i>[</i>										
PHYSICIAN:	ı		IOSPITAL:			OTHE		ACE OF E	EATH (Ch	eck only one)	9		7
1 X	1	1 YES 2 NO 1	28s. DATE Of	ER/Outputient 3	28b, TII		28c, INJ		ssidence	6 Other (Specify) 28d. DESCRIBE HOW	INJURY O	CCURED	
6 1	- 18	Natural 5 Pending	(Month, I	Day, Year)		JURY	WO	RK? YES 2	ON [
ED BY	ı	3 Suicide 6 Could not be determined	28e. PLACE (building	OF INJURY — At he, stc. (Specify)	ome, farm,	atreet, fac	ctory, offic	8		281. LOCATION (Street City or Town, State		er or Rurel F	Route Number,
		29s. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the best o	f my knowledgs, d	enth occur	red at the	time, dets	and place	. and dus	to the cause(e) and ma	nner ss at	ated.	
COMPLET		one) MEOICAL EXAMINER:	_										s) and manner es stated.
BE	- 11	296. SUCHATURE AND TITLE OF GENTURER	1/	tio-	n	11		2900	ENSE NUI	114	29d. DA	TE SIGNES	12 192
9	1	30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAL	IBE OF DEATH TE	M 27) (7pp	i, Print)		11	00	1/		10	~//-
		/James A. Sterli		D./320	₩.	Mai	n St	ree	t, 1	Crisfiel	d, M	ld. 2	21817
	1	MAR 06 1992	32. REGISTR	Javids	۵	Va							- 1

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1 - FOR STATE REGISTRAR		STATE OF M				HEALTH AND	MENT	AL HYGIEI	NE		003/3
1. DECEDENT'S NAME (First, MI	J.	GERMAI	NE ELI	ZABETH		LEY	2. DAT MON	TE OF DEATH		YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 217-48-4606 90. FACILITY NAME (If not institute)	1	□ M 2 XXF	8. AGE (In yrs. Is	YRS.	ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF I	XX.	E OF BIRTH onth, Day, Year)	13-02	Ma1	ryland
THE UNION I	MEMORI		TAL		BALTIM	ORE	DEATH		9c. COUNT	N/A	ATH
Maryland 100. STREET AND NUMBER	N,	/A			1timor					- 12	10d. INSIDE CITY LIMITS? 1XXYES 2 \(\text{NO} \)
719 Highwo						21 21 2			U	N DF WI	HAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Me XX Widowed 4 Divorce	rried d	FDRCES? 1 FYES, GIVE WA	YES 2X	RMED	If yes, s	DECEMBENT OF HISP/ pecify Cuben, Mexic SXXXVID Spec	can, Puerto	BIN? (Specify Ye o Rican, etc.)	s or No — 14	Black, Specify	American Indian, White, etc.
15. DECEDE (Specify only his Elementary/Secondary (0-12)		ION npleted) College (1-4 or 5+)	(0	Sive kind of wor a. Do NOT use r	NUAL OCCUPAT k done during m etired.) nemakei	ost of working	16	86. KIND OF BU	A		
	17. FATNER'S NAME (First, Middle, Last) Henry Schwarzkopf					18. MOTHER'S N	AME (First)	, Middle, Malder			
William J. W	heatle	У	19 P.K	b. MAILING AI	B Box 3	end Number or Rura 3255 Clay	Aoute Nui Yton	mber, City or Tov Georgi	vn. State, Zip Co La 3052	25	
20s. METHOD OF DISPOSITION X Y Turns; 2 □ Cremation 4 □ Comption 5 □ Other (So 21. SIGNATURE OF FUNEBAL S Dennis SE	3 Remove		Parkw	ematory or other	22. NAME A	ND ADDRESS OF F	B/7	7 Bal hell-W		Ma 1d	ryland
23. PART I. Entar tha diser ahook, or hear iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list condition if any, leading to immediat cause. Entar UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	a. C b.	DUE TO (O	R AS A CONSE	OUENCE OF):		oda of dying, su	ch as ca	rdiac or reap	iratory arres	t,	Approximate Interval Between Onset and Death
PART II. Other aignificant of	conditiona c	ontributing to de	eath but not i	asulting in t	the underlyin	g cauaa given in	Part I.	24s. WAS AN PERFO	RMED?	G D	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO OMPLETION DF CAUSE IF DEATH? YES 2 NO
25. WAS CASE REFERRED TO MI EXAMINER? 1 YES 2 NO	H	OSPITAL:	R/Outpatient 3		THER:	ACE OF DEATH (CI					
		28s. DATE DF IN (Month, Day,	JURY Year)	28b. TIME O	# 28c. IN. W M 1	URY AT ORK? YES 2 NO	26d. DE	SCRIBE NOW I			
	ld not be rmined	building, ato	(Specify)	ane, ierm, stre	et, rectory, ornic		26f. LO	CATION (Street : r or Town, State)	and Number or i	Rural Rou	rte Number,
29e. CERTIFIER (Check only one) 1 CERTIFYI 2 MEDICAL	NG PHYSICIAN EXAMINER: 0	i: To the best of my	r knowladge, da nination and/or i	ath occurred a	it the time, date	and place, and due	time, det	use(a) and med a and place, an	nner as stated.	euse(s) e	nd manner as stated.
29b. SIGNATURE AND TITLE DE	and	mh	$\overline{)}$			AT 24	MBER 389	46	29d. DATE SI	GNED (N	fonth, Day, Year)
P. EDM		MPLETED CAUSE	4	my	Mer	while	He	21.	Ben	1/a	MD 2/12
31. DATE FILED (Month, Day, Year)	MAR 6	32. REGISTRAR'S	SIGNATURE	avidson	Randale	•		17.			

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

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ne death ce	the attendi	Mental Hy	njury, or
at the death ce	by the attendi	and Mental Hy	ny Injury, or
es that the death ce	gned by the attendi	aith and Mental Hy	s any Injury, or
quires that the death co	in signed by the attendii	if Health and Mental Hy	nows any injury, or
w requires that the death co	been signed by the attendi	pt. of Health and Mental Hy	3 shows any injury, or
he law requires that the death ce	has been signed by the attendi	e Dept. of Health and Mental Hy	m 23 shows any injury, or
N: The law requires that the death ce	icate has been signed by the attendi	State Dept. of Health and Mental Hy	Item 23 shows any Injury, or
ICIAN: The law requires that the death of	certificate has been signed by the attendi	the State Dept. of Health and Mental Hy	, or item 23 shows any injury, or
MYSICIAN: The law requires that the death of	this certificate has been signed by the attendi	with the State Dept. of Health and Mental Hy	ked, or item 23 shows any injury, or
NG PHYSICIAN: The law requires that the death of	fter this certificate has been signed by the attendi	eath with the State Dept. of Health and Mental Hy	marked, or Item 23 shows any Injury, or
ENDING PHYSICIAN: The law requires that the death of	R: After this certificate has been signed by the attendi	er death with the State Dept. of Health and Mental Hy	is marked, or item 23 shows any injury, or
ATTENDING PHYSICIAN: The law requires that the death of	ECTOR: After this certificate has been signed by the attendi	s after death with the State Dept. of Health and Mental Hy	28 is marked, or item 23 shows any injury, or
OR ATTENDING PHYSICIAN: The law requires that the death of	DIRECTOR: After this certificate has been signed by the attendi	hours after death with the State Dept. of Health and Mental Hy	Item 28 is marked, or item 23 shows any injury, or
ITAL OR ATTENDING PHYSICIAN: The law requires that the death or	RAL DIRECTOR: After this certificate has been signed by the attendi	72 hours after death with the State Dept. of Health and Mental Hy	If Item 28 is marked, or Item 23 shows any Injury, or
IOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death of	UNERAL DIRECTOR: After this certificate has been signed by the attendi	rithin 72 hours after death with the State Dept. of Health and Mental Hy	ANT: If Item 28 is marked, or item 23 shows any injury, or
4E HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death of	HE FUNERAL DIRECTOR: After this certificate has been signed by the attendi	ed within 72 hours after death with the State Dept. of Health and Mental Hy	ORTANT: If Item 28 is marked, or Item 23 shows any Injury, or
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Nours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF	MARYLAND	/ DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
	C	ERTIFICATE	OF DEAT	ГН		REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART			MENTAL HYGIEN REG. NO.	E		
i	1. DECEDENT'S NAME (First, Middle, Last)		(4)			2. DATE OF DEATH	W WEA	3. TIME OF DEATH	
	Warner S. Wams.	ley Sr.				3 1	9 2	6:38 A M	
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (, , , , , , , , , , , , , , , , , , , ,	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BI	RTHPLACE (State or Foreign	
	233 34 5514 9s. FACILITY NAME (If not institution, give str	1 M 2 F 6	6 YRS.	ONTHS DAYS	HOURS MIN.	4-29-1925	9c, COUNTY O	MARYLAND	
œ	Loch Raven Va I	•		Balti		ITY	W. COUNTY O	PUEATR	
DIRECTOR	RESIDENCE OF DECEDENT	Medical Ce	ncer	Daiti	nore c	117			
RE	10° TATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT		-		10d. INSIDE CITY LIMITS?	
		LTIMORE			EDGEME	KŁ		1 🗆 YES 🛣 NO	
₹ 1	10a. STREET AND NUMBER	UT		101	ZIP CODE	1219	10g. CITIZEN C	OF WHAT COUNTRY?	
FUNERAL	11. MARITAL STATUS	MANNING AVENUE					or No. 14.8	U.S.A.	
	1 Never Married 2/1/2 Married	FORCES? 1X YES 2 NO If yes specifi				specify Cuban, Mexican, Puerto Rican, atc.) Black, W			
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	~~TI		2 ESPAPO Specify		3	WHITE	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of	:ATION completed)	16a. DECEDENT'S US	k done during mo		16b. KIND OF BUS	SINESS/INDUSTR	Y	
9	Elementery/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use	retired.)		Entor	(711 000		
MP	8TH GRADE	N/A	UPHOL	STERY	CT-110-1-00-1		IN BRO.		
	17. FATHER'S NAME (First, Micolle, Linst) STEWARD WAMSLEY					ME (First, Middle, Malden MICHAELS	Sumame)		
H	19a. INFORMANT'S NAME (Type/Print)		19h MAILING A	DORESS (Street o		Poute Number, City or Tow	n State Zin Code	0	
임	MARION WAMSLEY					BALTIMORE			
	20a, METHOD OF DISPOSITION Burlel 2 Cremetion 3 Remo	20	PLACE OF DISPOSIT	TON /Name of can	select connectors or	20c. LO	CATION — City o	r Town, State	
	XXBuriel 2 Cremetion 3 Remo	rval from State	ULANEY VA	LLEY ME	MORIAL 3	-4-92 TI	MONIUM	MARYLAND	
į	21. SIGNATURE OF FEMERAL SERVICE LICE	ENSEE	0	22. NAME AN	DICY EIN	ERAL HOME	OF DUNI	DALK THE	
	* Deeron	2/2	_		WISE AVE		ALK MD	21222	
	23. PART I. Enter the Obeases, of Co							Approximate	
	shock, or heart feilure. L IMMEDIATE CAUSE (Final	List only one cause on e	ach line.					Interval Between Onset and Death	
	disease or condition resulting in death)	Cardioge	nic Shoo	ck					
	resulting in death)		CONSEQUENCE OF):						
Z	Sequentially list conditions,	_ Myocardi		ction					
Ĕ	If any, leading to immediate		CONSEQUENCE OF):						
음	CAUSE (Disease or Injury that initiated events	Cornary DUE TO (OR AS	Artery 1 CONSEQUENCE OF):	lseas	9				
CERTIFICATION	resulting in death) LAST	Diabetes							
	DART II OM - I MI - A - MI								
¥	PART II. Other significant conditions	s contributing to death t	out not resulting in	the undertying	g cause given in	Part I, 24a. WAS AN PERFOI		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
ă						1 YES 2	□ NO	OF DEATH?	
Σ						—		1 YES 2 NO	
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			26. Pi	ACE OF DEATH (Ch	eck only one)			
30	EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:		8 Other (Specify)			
Ĭ	27. MANNER OF DEATH	28a. DATE OF INJURY	28b, TIME	OF 28c, INJ	URY AT	28d. DESCRIBE HOW	NJURY OCCURE	D	
BY P	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJU		RK? res 2 \(\text{NO}\)				
	3 Suicide 6 Could not be	28s. PLACE OF INJURY building, etc. (Spe	/ — At home, ferm, str	eet, factory, offic	•	28f. LOCATION (Street City or Town, State,		iral Route Number,	
	4 Homicide determined	I ROSSES MEN							
COMPLETED	CONSTRUCTION OF THE PROPERTY O	CIAN: To the best of my know	riedge, death occurred	at the time, date	and place, and due	to the cause(a) and ma	nner as stated.		
NO.	one) 2 MEDICAL EXAMINE	R: On the basis of examination	on and/or investigation.	in my opinion, d	eath occured at the	time, data and place, as	nd due to the cau	se(a) and manner as stated.	
BEC	29b. SIGNATURE AND TITLE OF CERTIFIER	4 /			29c. LICENSE NUI	MBER	l .	NED (Month, Day, Year)	
	Chithon to	e Antho	ny From	re			▶ 3/2	:/92	
임	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF DE	EATH/(ITEM 27) (Type, F	Print)					
	Loch Range	V/+ 1000	, tal						
	31. DATE FILED (Month, Day, Year) MAR 0.6 1992	32. REGISTRAR'S SIGN	Randell.						
- 1	I WIAK UU IJJA	1 To the total the total							

FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be marked, or lean star death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.

DRIBANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

			CI	RTIF	CALE	UF	DEAT	H		REG. NO.		-	
LORRE	-		W	11-1	IAN	115			2. DATE	OF DEATH DA	13 C	YEAR	3. TIME OF OEATH
I. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER 1	YEAR	IF UNDER	24 HRS.	7. DATE (OF BIRTH		a. BIRTI	IPLACE (State or Foreig
216-66-67		1 M 2 □ F	36	YRS.		DAYS	June 17,1955				55	Country)	
Da. FACILITY NAME (If not is	stitution, give a	treet and number)			9b. CITY,	TOWN 0	R LOCATIO	N OF OE		11/25	_	INTY OF E	
436 Wate	rs Wat	ch Court				Mi	ddle	Riv	er			Ba	ltimore
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION										10d. INSIDE CITY			
Md.		altimore		100. 011	Middle River						LIMITS?		
00. STREET AND NUMBER					101, ZIP COOE					_	10g. CIT	IZEN OF	WNAT COUNTRY?
436 Wate	rs Wate	ch Court						2122	0			US	A
1. MARITAL STATUS		12. WAS OECEDEN	T EVER IN U.S. AR	MEO						(Specify Yes	or No-	14. RAC	E — American Indian, k, White, atc.
i ☐ Never Merried 2 ₹ B ☐ Widowed 4 ☐ Div		IF YES, GIVE V	YES 27	NO			2 NO		n, Puerto R y:	ican, atc.)	1	Spec	Mr.
					1		2.		L				White
(Specify on	EDENT'S EDU	completed)	(G	CEDENT'S live kind of w Do NOT us	rork done di	uring mo	in at of workin	g	166.	KINO OF BU	BINESS/INI	DUSTRY	
Elementary/Secondary ()-12)	College (1-4 or 5-	•)		Lf-em	pla	bev						
7. FATHER'S NAME (First, A	fiddle, Leat)	-110		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,,,,,,,,		IER'S NA	ME (First, A	liddle, Maiden	Surname)		
Marritt	Willia	ams							la Wa				
9e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	(Street e	nd Number			er, City or Tow	n, State, Zij	p Code)	
Bonnie 1	Willia	ms		436	Wat	ers	Wato	ch C	ourt	Balti	more	Md.	21220
Ga. METHOD OF DISPOSIT		oval from State	20b. PLACE other pi	ace)	- Harris		netery, crem	atory or					own, State
Donation 5 Other	r (Specify)		Met	ro Cr	emat	ory				В	Alti	more	Md.
23. PART I. Enter the cahock, or I MMEDIATE CAUSE (Fi disease or condition	eart Yallure.	List only one cal	OCATIO	D.									Interval Bat Onset and
Sequentially list condi If any, leading to imme	diata	b	(OR AS A CONSE	OUENCE OF	ት :								
cause. Enter UNDERLY CAUSE (Disease or Injuthat Initiated eventa reaulting in death) LAS		oue to			-): 								
CAUSE (Disease or Inj that initiated eventa reaulting in death) LAS	ST L	d	death but not	resulting i		deriying	y cause g	ilven in	Part I.	24a. WAS AN PERFOI	RMED?	24	AVAILABLE PRIOR TO COMPLETION OF CA OF GEATH?
CAUSE (Disease or Injuly International Country Indicated events resulting in death) LAS	ant condition	d	death but not	resulting (in the unc	26. Pt			Part I.	PERFOI	RMED?	24	AVAILABLE PRIOR TO COMPLETION OF CAI OF GEATH?
CAUSE (Disease or Injuited Initiated events resulting in death) LAS PART II. Other signific 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO	ant condition	d	ER/Outpatient	3 □ DOA	other	26. PL	ACE OF D	EATH (Ch	neck only on	PERFOI 1 YES 2	NO NO		AVAILABLE PRIOR TO COMPLETION OF CAI OF GEATH?
CAUSE (Disease or Injuited events resulting in death) LAS PART II. Other signific 15. WAS CASE REFERRED EXAMINER? 1 VES 2 NO 17. MANNER OF DEATH	ant condition	HOSPITAL: 1 topetient 2 (Month, L	□ ER/Outpatient 3 INJURY lay, Year)	B DOA	OTHER 4 Number 1	26. PL : ing Hom 28c. INJ WO	ACE OF DI	EATH (Ch	neck only on	PERFOI	NO NO		AVAILABLE PRIOR TO COMPLETION OF CAI OF GEATH?
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CAUSE (Disease or Injithat Initiated events reaulting in death) LAS PART II. Other signific 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 6 2 A Coldent 3 Suicide 6 4 Homicide 290. CERTIFIER (Check only 1 CERTIFIER (Check only 1 CERTIFIER)	ant condition To MEDICAL Pending investigation Could not be determined	HOSPITAL: 1 topetient 2 28a. DATE Of (Month, L. 3 - 3 28e. PLACE (building)	ER/Outpatient : INJURY lay, Year) FINJURY — At he etc. (Specify) Imy knowledge, de	29b. TIM INJ	OTHER 4 Number 1 N	26. PL	ACE OF DI 6 5 Re URY AT RK? ZES 2 A	EATH (Ch	28d. DES	PERFOI 1 YES 2 (Specify) CRIBE HOW State ATION (Street or Rown State) W(LL) se(e) end ma	NUURY. OCH NUURY. OCH NUURY. OCH NUURY. OCH NUURY. OCH NUURY. OCH NUURDER NUUR	or or Aural	Poute Number, 212
CAUSE (Disease or Injithat Initiated eventa reaulting in death) LAS PART II. Other signific 25. WAS CASE REFERRED EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 6 Accident 3 Suicident 3 Suicident 4 Homicide 29-CERTIFIER (Check only one) 2 MEC	Pending Investigation Could not be determined TIFYING PHYS	HOSPITAL: 1 Inpatient 2 28a. DATE Of (Month, L) 3 - 3 26a. PLACE (building) ICIAN: To the best of certain the control of the certain the c	ER/Outpatient : INJURY lay, Year) FINJURY — At he etc. (Specify) Imy knowledge, de	29b. TIM INJ	OTHER 4 Number 1 N	26. PL	ACE OF DI 6 5 Re URY AT RK? ZES 2 A	NO NO end due	2ed. DES 2er. LOC. City 436 to the cause time, date	PERFOI 1 YES 2 (Specify) CRIBE HOW State ATION (Street or Rown State) W(LL) se(e) end ma	NUMY. OC NUMBER OF WAY	or or Flural cause	ANALABLE PRIOR TO COMPLETION OF CAI OF OCATIF? 1 YES 2 NO ROUTE Number,

31. DATE FILED (MONTH, Day, Year)
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32. REGISTRAR'S SIGNATURE

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MINION AND STRAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	JEME FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1.	inflequential 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	APORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
OSP	JNE	thin	IN
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -**CERTIFICATE OF DEATH** REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATH 92 JOE LOUIS WINDLEY 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. B. BIRTNPLACE (State or Foreign Country) MONTHS DAYS HOURS MIN. 1 M 2 D F YRS. 213-70-1664 32 1-13-60 Balto. Md Se. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN DIRECTOR Apt B-4 6000 Moravia Park Drive Balto. Md RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Md Baltimore 1 X YES 2 NO FUNERAL 10e, STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6000 Moravia Park Drive Apt. B-4 21206 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married 1 TYES 2 NO Specify: BY 3 Widowed 4 Divorced Blk15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade co COMPLET Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Maiden Surname) Joe Windley Retha Hankins BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Marguerite Windley 6000 Moravia Park Drive Apt. 20e. METHOD OF DISPOSITION
1 N Burlat 2 Cremation 3 Re 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE BALTIMORE, MARYLAND 4 Donation 5 Other (Specify) KING MEMORIAL PARK 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LEROY O. DYETT & SON FUNERAL HOME 4600 LIBERTY HEIGHTS AVENUE 23. Number the diseases, or complications the clused the death. Do not enter the mode of dying, such as cerdiec or respiratory errest, shock, or heart failure. List only one cause on each line.

IMMEDIATE CAUSE (Final interval Between **Onset end Death** disease or condition resulting in death) RESPIRATORY DUE TO (OR AS A CONSEQUENCE OF): Iweek neumonia CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediata week cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events month resulting in death) LAST phalopathu PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? Immunodeficiency PERFORMED? guirec 1 YES 2 NO 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL . OTHER: ent 2 ER/Outpatient 3 DOA ng Home 5 Residence 6 - Other (Specify) 4 Nursi 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 3 Suicide 28s. PLACE OF INJURY — At home, farm, street, fectory, office building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide 29a. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, deeth occurred at the time, data and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) 4027 19 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)



31. DATE FILED (Month, Day, Year)

MAR U 6 1992

32. REGISTRAR'S SIGNATURE was Navy doon - Handell

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BALTIMORE, MARYLAND 21215-0020 for death. Page 6 may be retained by the hospital or attending physician. In huneral director, page 5 should be detached for use as the burial-transit permit. Force, oval.

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	REGISTRAR	CE	RTIFICATE (OF DEATH	REG. NO) .						
	1. OECEDENT'S THE (First, Middle, Last)	Leeler			2. DATE OF DEATH MONTH	3. TIME OF DEATH 1 40 PM						
	4. SOCIAL SECURITY NUMBER 5. S 251-26-0678 1	6. AGE (In yrs. lest	VRS. IF UNDER 1 YE		7. DATE OF BIFTH (Month, Day, Year) 1-22-190	Coun	HPLACE (State or Foreign try) TH_CAROLINA					
OR	9a. FACILITY NAME (If not institution, give street a	9c. COUNTY OF										
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY, TOWN OR L	MORE CITY			10d. INSIDE CITY					
	MD.			IMORE			LIMITS? 1 XES 2 NO					
FUNERAL	10e. STREET AND NUMBER 221 SOUTH HILTON ST	REET		21229		WHAT COUNTRY?						
BY FUI	1 Never Married 2 Married	WAS DECEDENT EVER IN U.S. ARI FORCES? 1 YES 2 NO F YES, GIVE WAR OR DATES	O If yes	DECENDENT OF HISPAI I, specify Cuban, Mexica YES 2 NO Specifi	in, Puerto Rican, etc.)	Spe	E — American Indian, ck, White, stc. city: LACK					
COMPLETED	15. OECEDENT'S EDUCATION (Specify only highest grade compl Elementary/Secondary (0-12) Col		CEDENT'S USUAL OCCUI re kind of work done durin Do NOT use retired.)	PATION g most of working	16b. KIND OF BU	JSINESS/INDUSTRY	LACK					
₹		FAI	RMER									
	17. FATHER'S NAME (First, Middle, Last)				ME (First, Middle, Meider	1 Sumame)						
8E	BUTLER WHEELER 19a. INFORMANT'S NAME (Type/Print)	194	MAILING ADDRESS (Str	NOR	A WILSON	un State 7in Code)						
5	ANNIE SULLIVAN		21 SOUTH H				21229					
	20e. METHOD OF DISPOSITION 1 © Burlel 2 Cremation 3 Removal fi 4 Donation 6 Other (Specify)	20b. PLACEA	ND DATE OF DISPOSITION INTERN STAR	N (Name of	DATE 20c. LO	OCATION — City or T	own, State					
	21. SIGNATURE OF FUNERAL SERVICE LICENSE			E AND ADDRESS OF FA		TONSVILLE	MD.					
	· HOLOUT	14	JOS. 1913	EPH H. BRO W. BALTIMOR	WN JR. FUR E ST. BALTO.	MD. 21223;	E, P.A. P.O. DOX 4433					
	20. PART I Enter the diseases, or compi shock, or heart failure. List of	icetions that caused the des miy one cause on each line.	th. Do not enter the	mode of dying, auc	h as cardiac or reap	iratory arrest,	Approximate interval Batween					
	IMMEDIATE CAUSE (Final disease or condition resulting in death) METASTATIC PROSTATE CARCINOMA											
N	DUE TO (OR AS A CONSEQUENCE OF): ANEMIA											
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSECU	VENCE OF):									
IFIC	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSEC	UENCE OF):									
ERI	resulting in death) LAST											
	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY FINDINGS											
EDICAL	ITYPERTEN.	SION			1 TES	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?					
Σ	ARTHRITIS				_		1 TES 2 NO					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL											
SC	EXAMINER? HO	SPITAL:	OTHER:	B. PLACE OF GEATH (Ch								
H	27. MANNER OF DEATH	Enpatient 2 ER/Outpatient 3 [26a. DATE OF INJURY	28b, TIME OF 28c.	Home 6 Residence	6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCURED						
ву Р	1 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY M 1	WORK?		moon coones						
		28s. PLACE OF INJURY — At horr building, etc. (Specify)	ne, ferm, street, fectory,	office	261. LOCATION (Street City or Town, State		Route Number,					
ETE	4 Homicide datarmined	, , , , , , , , , , , , , , , , , , , ,			City or lown, State	7.						
COMPLETED		To the best of my knowledge, dear the basis of examination and/or in					s) and manner as stated.					
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10	30. NAME AND ADDRESS OF PERSON WHO COM	1	The Control of the Co	ne St.	0.4.7		1201					
	31. DATE FILED (Month, Day, Yaring 6	32 REGISTRAR'S SIGNATURE	ilidam Bud.	y	· BITCI.	MILS 2	1201					
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STATE OF MARYLAND / DEPARTMENT OF	HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF	FDEATH	REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTAL	REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)	homas	C. u	ilKe	NS	2. DATE O	of DEATH DAY 9	YEAR 2	3. TIME OF DEATH 2 PM M			
œ	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) F under t year F under 24 Hrs. 7. DATE OF BIRTH (Month, Day, Year) 2/2/2/25 90. FACILITY NAME (If not institution, give street and gumber) 90. FACILITY NAME (If not institution, give street and gumber) 91. CTY, TOWN OR LOCATION OF DEATH											
DIRECTOR	PRESIDENCE OF DECEDENT (36. STATE 10b. COUNTY MD.	aieno	10c, CITY,	TOWN OR LOCA		10d. INSIDE CITY LIMITS? 1 YES 2 NO						
FUNERAL	10s. STREET AND NUMBER	harles a	st.	10	7. ZIP CODE 2/2	30	10g. CF	TIZEN OF V	NAT COUNTRY?			
B≺	11. MARITAL STATUS 1 Never Merried 2 Married 3 Nidowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 XYES IF YES, GIVE WAR OR DARMY	2 NO	If yes, sp	ENDENT OF HISPAI ecity Cuben, Mexics 2 A NO Specif	n, Puerto R	? (Specify Yes or No— licen, etc.)		- American Indian, White, etc.			
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondery (0-12)		16a. DECEDENT'S US (Give kind of wor life. Do NOT use I	k done during metired.)		16b.	FOOD CHA					
₩ O	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, N	fiddle, Maiden Surname)					
	JAMES WILKENS				DOROTHY	ETH	INGAIN					
BE C	19a. INFORMANT'S NAME (Type/Print)				and Number or Rural	Route Numb	per, City or Town, State, Z					
2	LAURA NICKENS		2000 GL	ADYS S	APT.	701,	LARGO, FLO	RIDA	34644			
	20e. METHOD OF DISPOSITION 1- Burlel 2 Cremetion 3 Remo 4 Donetion 6 Other (Specify)	oval from State	b. PLACE OF DISPOSIT other place) GARRISON			ζ	20c. LOCATION -		1111			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY JOSEPH H. BROWN JR. FUNERAL HOME, P.A. 1913 W. BALTIMORE ST. BALTO, MD. 21223; P.O. BOX 4433											
	23. PART I. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory streat, interval Between Onset and Death CAUSE (Finel disease or condition resulting in deeth) a. Characteristic Course Cause (Finel disease) Due To (OR AS A CONSEQUENCE OF):											
CERTIFICATION	Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):											
PHYSICIAN: MEDICAL C	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. D(I) Les Mes AN AUTOPSY PERFORMED? 1 YES 2 NO 0 F D 1											
AN	25. WAS CASE REFERRED TO MEDICAL			26. F	LACE OF DEATH (C)	neck only on	ne)					
SIC	EXAMINER?	HOSPITAL:		OTHER:	ne 6 🗆 Residence							
H	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME	OF 28c IN	JURY AT		CRIBE HOW INJURY O	CCURED				
ВУ Р	1 Natural 5 Pending	(Month, Day, Year)	INJUI		ORK? YES 2 NO							
	2 Accident 3 Suicide 6 Could not be 4 Homicide determined	2 Accident Investigation 3 Suicide 6 Could not be 28. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28. LDCATION (Street and Number or Rural Route Number, City or Town, State)										
COMPLETED	one)	CIAN: To the best of my kno							e) end menner es stated.			
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	er from	med A	À	29c. LICENSE NU	MBER	29d. D/	TE SIGNED	(Month, Day, Year)			
F	30. NAME AND ADDRESS OF PERSON WH	32. REGISTRAR'S SIG	1211)	trint)	1 5. C/x	or 6	es St Be	afte	1 21236			
	MAD 6		han Sounds	Day 2,00								

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021100	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 is	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must
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	2	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	E

	1 - STATE REGISTRAR		STATE OF N	IAHTLAN	CERTIF					MENT		YGIEN EG. NO	_		
	1. DECEOENT'S NAME (First, Mid	idle, Last)	Thomas	Jack	cson	Andr	ews			2. DA	TE OF	EATN F	EV.2	4 492	3. TIME OF DEATN
	THOMAS J.								2. DATE OF DEATH DAY I YEAR 1						
	4. SOCIAL SECURITY NUMBER		5. SEX	8. AGE (In y	yrs. last birthday)		R t YEAR	IF UNDER		7. DAT	E OF E	IRTN			PLACE (State or Foreign
	212-22-2209		1 🖾 M 2 🗌 F	66	YRS.	MONTHS	DAYS	HOURS	MIN.	Ja	onth, De	4- 1	926	Nor	th Carolina
	9e. FACILITY NAME (If not institut		•			9b. CIT	Y, TOWN (OR LOCATI	ON OF OE			,		INTY OF D	
OR	Veterans Ad	minis	stration	Hospi	ital	Per	ry P	oint					Cec	47 C	ounty
5	RESIDENCE OF DECED	ENT											000	11 0) till by
DIRECTOR		b. COUNTY				TY, TOWN		ION							10d. INSIDE CITY LIMITS?
		dario	ord Count	·y	В	el A	ir								1 YES 2 NO
FUNERAL	100. STREET AND NUMBER						101	ZIP COD					HAT COUNTRY?		
N	1801 Ruffs M:	JIT 1						21	014				U	S.A.	
FU	11. MARITAL STATUS 1 Never Merried 2 Merr	-lad	12. WAS DECEDENT FORCES? 1	EVER IN U.	S. ARMED	13.	WAS DEC	ENDENT C	F HISPAN	IC ORIC	SIN? (Sp	ecify Yes	or No-	14. RACE	— American Indien, , White, atc.
ВУ	3 Widowed 4 Divorced		IF YES, GIVE W	AR OR DATES			1 TES	2 NO	Specify	/:	O Person.	, 116.,		Speck	ly:
	15. DECEDER	NT'S EDUC	WW 2 Arm		DECEDENTIA	1									White
COMPLETED	(Specify only high	heat grade	completed)		Give kind of a life. Do NOT us	Work done	during mo	ON at of workin	g	1	6b. KJN	OF BUS	SINESS/IN	DUSTRY	
PL	Elementary/Secondary (0-12)		College (1-4 or 5+		Carpen							Can		ction	
MO	17. FATHER'S NAME (First, Middle,	(ast)			Carpan	COT		10 1407						CCTOI	1
	Muncey Le		Andrews						HER'S NAI					A	
8	190. INFORMANT'S NAME (Type/P			(0)	Table Manager	122050			ertha			el		oten	
2	Mrs. Wilmer Bl				19b. MAILING										e4 a 4 l.
	200. METHOD OF DISPOSITION	Laura	e whithe		TOOT	Kull:	SML	TT M	paq,	De.					21014
	1 Buriel 2 Cremation 3 4 Donation 5 Other (Spec	3 🗆 Remo	wal from State	20b. PL	ACE AND DATE OF COMMENT OF COMMEN	of DISPOS ther place)	SITION (Na	m@1/20	1/92	OA				City or To	No. of the last of
	21. SIGNATURE OF FUNERAL SE		ENGER TO GOV	nar	Iora M	emor.	lal	jara	ens		-	ALG	ino,	Mary	rland
				n W.	Foster	22.	KAME AN	D ADURE:	SS OF FAC	CILITY	FOS	ter	Fun	eral	Home
	50 West Broadway & Williams Street Bel Air, Maryland 21014														
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, and anock, or heart feiture. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) s. Bradycardia														
NO	OUE TO (OR AS A CONSEQUENCE OF): HYPOXIA Due to (OR AS A CONSEQUENCE OF):														
AT	if any, leading to immediate cause. Enter UNDERLYING		Restri			,	250								
CERTIFICATION	CAUSE (Disease or Injury that initiated events	5 °			NSEQUENCE OF		150								
F	resulting in death) LAST														İ
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY FINDINGS														
ICAL					not resulting l	in the un	nderlying	cause g	iven in F	Part I.	24a.	WAS AN	AUTOPSY MED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ă	Severe rheu		id Arthr	itis							10	YES 2			COMPLETION OF CAUSE OF DEATH?
MED	Peptic ulce	er										4	7.7.		1 TES 24 NO
ä															
PHYSICIAN:	25. WAS CASE REFERRED TO MEI EXAMINER?	-	HOSPITAL:					ACE OF O	ATN (Che	ck only (one)				
1SI	1 TYES 2 NO		1 Xinpetient 2	ER/Outpatler	nt 3 🗆 DOA	OTHER		5 🗆 Rei	ildence (6 Oth	er (Spe	cify)			
£	27. MANNER OF OEATN		28e. OATE OF I (Month, Day		28b. TIM		28c. INJL WOF	JRY AT			_		JURY OC	CURED	
BY	t Natural 5 Pendi 2 Accident Invest	ing tigation		,. ,,	1113	M	-	ES 2	NO						
ED B	3 Suicide 6 Could	d not be	28e. PLACE OF	INJURY — A	At home, ferm, s	streat, fact	ory, office			28f. LO	CATION	(Street e	nd Number	or Rural Ro	oute Number,
H	4 Nomicide determ	mined		nta: (opcony,						City	y or low	n, State)			
COMPLET	296. CERTIFIER (Check only	O PHYSIC	IAN: To the best of n	nv knowledge	e death occurry	ed at the f	Ima date	and place.	and thin I	- the m					
N	one) 2 MEDICAL I	EXAMINER	: On the basis of exr	eminstion end	d/or investigation	n, in my c	olnion, de	ath occur	end due .	lime, del	and s	ena men	her ee mu	ed.	end menner ee stated.
	29b. SIGNATURE AND TITLE OF C											1000, 01			
BE	lant Vitta	O M	h					29c. LICE	NSE NUMI	BER			29d, DATI	E SIGNED	Month, Day, Year)
2	30 NAME AND AODRESS OF PER			OF DEATH	TTPM AT (Ton-	7.1.0							2	12	9197
	Janet Vitto	one	M () 32. REGISTRAR				ve	Ba	Him	ore	m)			
- 1	31. OATE FILED (Month, Day, Year)	Di sine	32. REGISTRAR	S SIGNATUR	RE										
II.		44 1 14		4:	4 4 100	4 4 - 6	10								

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July Man 1 1-31-00 (elignos)

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SELECT SELECTION OF THE

	xaminer	
within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	TANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner	
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death	Is marked, or It	
ler	=	ı
af	28	
hours	item	
2	=	
within	TANT	

	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH													
	RUTH	-BAR	1					WONTH DAY YEAR 0750						
	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs. las						7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPLACE (State or Foreign Country)		
	220-26-2464	68	YRS.	MONTHS	DAYS	HOURS	4-5-192				vland			
	9a. FACILITY NAME (If not in						TON OF OR	ATH	9c. CO	9c. COUNTY OF OEATH				
PO I	Carroll Cou	spital			West	mins	ster	<u> </u>		Carro)11			
EG	RESIDENCE OF DEC		10c. CIT	Y, TOWN	OR LOCAT	ION	_				10d. INSIDE CITY			
DIRECTOR	Maryland	11				Mano	chest	er			LIMITS?			
	10e. STREET AND NUMBER						101	ZIP COI	DE		10g. Cl	TIZEN OF WI	AT COUNTRY?	
ER/	3080 Main S	treet							21	102		USA		
FUNERAL	11. MARITAL STATUS 1 □ Naver Marriad 2 Marriad FORCES? 1 □ YES 2					13.	WAS DEC	ENDENT	OF HISPAN	IIC ORIGIN? (Spe	cify Yes or No-	14. RACE	- American Indian, White, atc.	
BY F	1 Never Married 2		IF YES, GIVE V	WAR OR DATES	10		1 YES	2 0 NC	Specify	n, Puarto Rican,	etc.)	Specify	7	
		EDENT'S EDU	CATION	I 40- 00	0000000000		00110471			1 400 10000	00 5110111500 111	1	White	
1	(Specify onl	y highest grade	completed)	(G	CEOENT'S live kind of Do NOT u	work done			ing	166. KINO	OF BUSINESS/IN	OUSTRY	100	
PLE	8th grade	0-12)	College (1-4 or 5	+)	Seams		S			Jos	seph A.	Bank	Clothing	
COMPLETED	17. FATHER'S NAME (First, A	fiddle, Last)			- Cuite			18. MO	THER'S NA		Maiden Surname)			
	Charles Ko	erner						Sa	adie	Mae Sha	affer			
) BE	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRES	S (Street s	and Numb	er or Rural i	Route Number, City	y or Town, State, 2	ip Code)		
2	Steven R.	Alban			3080	Mai	n St	reet	t, Ma	ncheste	er, Md.	21102		
	20a. METHOD OF DISPOSIT	TON	oval from Stata	20b. PLACE of cemetary				(Name		DATE	20c. LOCATION -	- City or Tow	n, Stata	
	4 □ Donation 5 □ Other	r (Specify)		Grav	e Ru	n Ce	mete	_		2-26	Hampst	ead,	Md.	
	21. SIGNATURE OF PUNERA	L SERVICE LIC	W. E	0.		22.	NAME A	ND ADDR	ESS OF FA	CILITY E]	line Fur	neral Home		
	> XIII	uls	W.Ce	ine			934	S. M	/ain	Street,	, Hampst	cead,	Md. 21074	
	23. PART I, Enter the d shock, or h		complications the			not enter	the mo	de of d	ying, suc	h ss cerdiec o	r respiratory a	rreat,	Approximate Interval Between	
	IMMEDIATE CAUSE (Fi				0						~	0	Onset and Death	
	disease or condition	→	. ACU	TE	KI	(3)	11R	A	OP	yt	ALLU	RE		
			OUE TO	(OR AS A CONSE	QUENCE C	OF):		•						
ON	Sequentially ilst condit		b	(OR AS A CONSE	OUENCE C)F)·								
EA.	If any, leading to imma csuse. Enter UNDERLY			(all the h dollar	402.102	, ,.								
띮	CAUSE (Disease or Injuthat initiated events	шгу	C. DUE TO	(OR AS A CONSE	QUENCE C)F):							1	
CERTIFICATION	resulting in death) LAS	ST	d	March 1										
	PART II. Other significa	ent condition	ns contributing to	death but not	resultino	in the u	nderlyin	a Cause	given in	Part i. 24a.	WAS AN AUTOPS	246	WERE AUTOPSY FINDINGS	
MEDICAL	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I.										PERFORMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE	
ED	7.00	O TU	58	1 310	1 1	7	1	OF DEATH?						
-	J. D. I.C.	JE112	1201	A TOTAL	10		10			-		-1	1 1E5 2 NO	
M	25. WAS CASE REFERRED T	TO MEDICAL	1317	1611			28. P	LACE OF	DEATH (Ch	eck only one)				
SIC	EXAMINER?		HOSPITAL:	☐ ER/Outpetient :	B DOA	OTHE		ne 5 🗆 I	Rasidence	8 Other (Spe	cify)			
PHYSICIAN:	27. MANNER OF DEATH		28a. DATE O	F INJURY Day, Year)	28b. TII	ME OF	28c. IN	JURY AT			E HOW INJURY O	CCURED		
ВУР	1 Natural 5 2 Accident	Pending Investigation	(Internal)	July, Toury	M 1 YES 2 NO									
	3 Suicide 6	Could not be	28e. PLACE o	OF INJURY — At h	ome, farm,	street, fac	tory, offic	:0		281. LOCATION City or Tow	(Street and Numb m, State)	er or Rural Ro	oute Number,	
COMPLETED	4 Homicide	determined												
PLE	TOWARD CAMP	TIFYING PHYS	ICIAN: To the best o	f my knowledge, d	eath occur	red at the	time, dat	and place	ce, and due	to the cause(a)	and manner as s	tated.	7	
O.	one) 2 🗆 MEE	HCAL EXAMINE	On the basis of	examination and/or	Investigat	lon, in my	opinion,	death occ	ured at the	time, data and p	placa, and dua to	the cause(s)	and menner as stated.	
ш	295 SIGNATURE AND TITLE	E OF CERTIFIE	н					29c. LI	CENSE NU	MBER	29d. D	ATE SIGNED	(Month, Day, Year)	
TO B	Trajecz	A	18	d	1	W.	D	1	25	1052	_	213	13/92.	
F	30. NAME AND ADDRESS C	F PERSON WI	10 COMPLETED CAL	SE OF DEATH (ITE	M 27) (Typ	e, Print)		7	200		0.		21117.	
	H1-11-46	L-	20 00000	4(51)	. 6		C	KO:	55K	DAN) DW	116	S MILLS	
	FEB 25 '92		Julia Day	AR'S SIGNATURE	400						,			
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Line William

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ION OF VITAL RECORDS, P.O. BOX 68760,	I. The true requires that the death earlifeasts he executed with
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9	MIDING DUVELPIAN
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	1. DECEDENT'S NAME (First, Middle, Last) Chester Ha		len						2. DATE OF DEATH	¥ 1	992	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 009-12-8061	1 XM 2 F	L AGE (In yrs. last 68	birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH April 29, 1		8. BIRTH	IPLACE (State or Foreign
TOR	90. FACILITY NAME (If not institution, give street end number) Carroll County Gen. Hospital RESIDENCE OF DECEDENT 9b. CITY, TOWN OR LOCATION OF DEATH Carroll Carroll											
DIRECTOR	10e. STATE 10b. COUNT		10c. CITY, TOWN OR LOCATION Hampstead						10d. INSIDI LIMITE 1 XYES			
FUNERAL	100. STREET AND NUMBER 4420 Black	Rock Rd.	Apt. 1	1 10f. ZIP CODE 21074								•A•
BY	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	YES 2 NO	IED)		If yes, sp	ecity Cubsn	F HISPANI n, Mexican Specify	IC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	or No-	14. RACE Black Speci	E — American Indian, k, White, etc.	
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)		(Give	EDENT'S I	vork done	during mo	ON st of working	7	Genera			
BE CON	17. FATHER'S NAME (First, Middle, Lest)		Allen		-		18. MOTH	ER'S NAM	AE (First, Middle, Malden :	Surname)		
TOB	190. INFORMANT'S NAME (Type/Print) Jacqueline All	en	19b.	MAILING +20 I	ADDRESS Black	(Street a	ck Ro	or Rural A	pt. 1, Ham	, State, Zip pste	ad,	Md. 21074
	20e. METHOD OF DISPOSITION 1											
21. SACHARTURE OF PRINCIPLE SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Eckhardt Funeral Chapel 11605 Reisterstown Rd., Owin									21117			
23. PART L. Enter/tha diseases, or complications that caused the death. Do not anter the mode of dying, such as cerdiac or respirate shock, or heart failurs. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. MYTT OF IRROSIS DUE TO (OR AS A CONSEQUENCE OF):								atory arr	rest,	Approximate interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST											
		ns contributing to de	eath but not res	ot resulting in the underlying cause given in Pa					art I. 24e. WAS AN AUTOPSY PERFORMED?		24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO	
: MEDICAL	COPD		1 TYES 2 KNO			Kno	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 ND	HOSPITAL:			OTHER	t:	ACE OF DE					
ву РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF IN. (Month, Day,	JURY	28b. TIME	OF	28c. INJ WO	URY AT		Other (Specify) 28d. DESCRIBE HOW IN	JURY OCC	CURED	
8	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF II building, etc	NJURY — At home :- (Specify)	e, ferm, st	lreet, facto	ory, office			281, LOCATION (Street as City or Town, State)	nd Number	or Rural R	oute Number,
COMPLET		IICIAN: To the best of my ER: On the basis of exam										end menner es stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIE	ustino,	Mil	D.			29c. LICEN	29	BER	29d. DATE	SIGNED	(Month, Day, Year)
-	D.V. Fausting . m.D.	4111 L. B.	eckley60	27) (Type,	Prine) Rd	40	umpst.	ead	mp alo	74		
	2124192 FFR 2	32. REGISTRAR'S 5 '92	SIGNATURE D	avido	m-PR	ndell						

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TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR		STATE OF N	IARYLAN		TMENT OF	HEALTH AND	MENTAL	HYGIEN REG. NO.	E		0000	fine.
1. DECEDENT'S NAME (First	, Middle, Last)	Minot	٧.	Bastia			MONTH	OF DEATH	2, 19	YEAR 992	3. TIME OF DEATH	м
4. SOCIAL SECURITY NUMBER	9ER	5. SEX	8. AGE (In y	rrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE C				PLACE (State or Forei	ign
061-05-9409	51-05-9409 1 € M 2 □ F 83 YRS. MONTHS DAY				MONTHS DAYS	HOURS MIN.	Feb.	4, 1	909		ssachusetts	
9a. FACILITY NAME (If not in					9b. CITY, TOWN	OR LOCATION OF DE	EATH		9c. COUN	TY OF D	EATH	
130 Frencht		oad			Elkto	a			Cec	il		
RESIDENCE OF DEC	10b. COUNTY	γ	-	10c. CITY	Y, TOWN OR LOCA	ATION					10d. INSIDE CITY	
Maryland							10					0
130 Frencht	10	21921 U.S.A.					YHAT COUNTRY?					
11. MARITAL STATUS 1 Never Married 2 💢 3 Widowed 4 Divo	If yea, s	CENDENT OF HISPAI pocify Cuben, Mexica S 2 NO Specif	an, Puerto R		or No—	14. RACE Black Speci	— American Indian. k, White, atc. hy: White					
15. DEC	CEDENT'S EDU	CATION completed	16	Se. DECEDENT'S U	USUAL OCCUPAT	ION post of working	18b.	KIND OF BUS	SINESS/IND	USTRY		
Elementary/Secondary (6	-	College (1-4 or 5 +)	Publis	e retired.)	OS! OF WORKING	N	lewspa	per P	ubli	ishing	
17. FATHER'S NAME (First, M	fiddle, Last)					18. MOTHER'S NA	AME (First, M	Alddie, Maiden	Sumame)			
Minc	ot V. H	Bastian					Emil	y G.	Perry			
19a. INFORMANT'S NAME (7	Type/Print)			19b. MAILING	ADDRESS (Street	and Number or Rural	Route Numb	er, City or Tow	n, State, Zip	Code)		
Marie M. Ba	stian			130	Frencht	own Road	- El	kton,	MD	2192	21	
20a. METHOD OF DISPOSIT 1 Burial 2 X Crematic 4 Donation 8 Other	on 3 🗆 Rem	oval from State	oti	ther place)		ometery, cremetory or			cation – c			
21. SIGNATURE OF FUNERA		CENSEE	/	.A. IEL		NO ADDRESS OF FA					, En	
+ Har	sh	€.	2/2	cks) 103	ks Home West St	ockto	n Str	eet	A		
IMMEDIATE CAUSE (Fit disease or condition resulting in death) Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Inju.	tions, ediata	a. DUE TO DUE TO C.	CSTIC	ONSEQUENCE OF	PI: VC C19:	Fig. (C					Approximation interval Bet Onset and 1	neew
that initiated events resulting in death) LAS	эт [d	(Un AS A CA	MSEQUENCE OF	-):							
PART II. Other algorifica		ns contributing to		not resulting l	in the underlyl	ng cause given in	n Part I.	24s. WAS AN PERFOI 1 YES 4	MED?	246	MERE AUTOPSY FINI MAILABLE PRIOR TO COMPLETION OF CA OF DEATH? 1 YES 2 NO	O
25. WAS CASE REFERRED T	TO MEDICAL				26.	PLACE OF DEATH (C	heck only on	10)				
EXAMINER?		HOSPITAL:	☐ ER/Outpati	ent 3 DOA	OTHER:	1	8 🗆 Other				-	
27. MANNER OF DEATH		28a. DATE OF (Month, D	FINJURY	28b. TIM	E OF 28c. II	NJURY AT YORK?	-	SCRIBE HOW	INJURY OC	CURED		
1 Natural 8 2 Accident	Pending Investigation					YES 2 NO						
3 Suicide 8 Homicide	Could not be determined	28e. PLACE O building,	of injury — , etc. (Specify)	At home, farm, s	atreet, factory, off	lce		ATION (Street or Town, State)		or Rural	Route Number,	
One)		SICIAN: To the best of ER: On the basis of a									s) and manner as str	ated.
190. SIGNATURE AND TITLE						29c. LICENSE NU					(Month, Day, Year)	
Letert	19/2	on mi	7				185	8	Þ =	1/2	5/92	
30. NAME AND ADDRESS OF	F PERSON WI	HO COMPLETED CAU				STREE	7 /	ECK	m	7.1	nol	
31. DATE FILED (Morith, Day,		32. REGISTRA	AR'S SIGNATI									



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ne medical examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	be fied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.
e funeral director, page 5 should be detached for use as the burial-	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-
death. Page 6 may be retained by the hospital or attending physic	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within Lours after death. Page 6 may be retained by the hospital or attending physic

1 - FOR STATE REGISTRAR	STATE	OF MAR					EALTH AND DEATH	MENTA	L HYGIEI				6383
1. DECEDENT'S NAME (First, Middle	(Lest)								OF DEATH	46	VF.4.		OF DEATH
MATILDA D.	BLEIDO	ORN						MONT		DAY /9	YEAR 2	11	1 154.
4. SOCIAL SECURITY NUMBER	5. SEX	6. A	GE (In yrs. lest	birthday)	IF UNDER		IF UNDER 24 HRS.	7. DATE	OF BIRTH			THPLACE (State or Foreign
183.10.9060	1 🗆 🛭 3	秋 8	1	YRS.	MONTHS	DAYS	HOURS MIN.	SEP		10		RYLA	ND
9e. FACILITY NAME (If not institution	, give etreet end nun	nber)			9b. CITY	, TOWN O	R LOCATION OF	- A - A - A - A - A - A - A - A - A - A	-	9c. CO	UNTY OF	DEATH	
524 BIDDLE					CH.	ESAI	PEAKE (CITY		CI	ECI!	ر. 	
10a. STATE 10b.	COUNTY				,	OR LOCAT						10d. IN	SIDE CITY MITS?
IARYLAND	CECIL			CH	ESA:	PEAR	KE CITY	Y				XX	ES 2 NO
100. STREET AND NUMBER 524 BIDDI	E STRE	ET					21915			1	USA	F WHAT CO	DUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merrie	12. WAS D	ECEDENT EVE	ER IN U.S. ARM	MED O		If yes, spe	ENDENT OF HISP	cen, Puerto		e or No-	Bi	ack, White,	ericen Indien, etc.
3 Widowed 4 Divorced	IF YES	, GIVE WAR O	R DATES X			1 TYES	2 XVO Spec	elly:			Sp	WHI	TE
15. DECEDENT (Specify only highe	'S EDUCATION at grade completed)		16a, DEC	EDENT'S	USUAL O	CCUPATIO	ON st of working	168	. KIND OF B	USINESS/II	NDUSTRY	,	
Elementary/Secondary (0-12)	1	I-4 or 5 +)	lite.	Do NOT us	e retired.)					100117			
UNKNOWN			JOH	JSEW	IFE				1	IOME			
17. FATHER'S NAME (First, Middle, L	nst)						18. MOTHER'S N	AME (First,	Middle, Meide	n Surneme))		
WILLIAM F.	DAVIS						ANNA	AHE	RNTZ				
19e. INFORMANT'S NAME (Type/Pri	nt)		19b.	. MAILING	ADDRES	S (Street a	nd Number or Run	I Route Num	ber, City or To	wn, State, 2	Zip Code)		
GINA LEE RA	MOND		37	7 RI	VER	VIE	W_AVEN	UE,	EARLY	JILL	E	MD 2	1919
20s. METHOD OF DISPOSITION	Removal from S	tata	20b. PLACE C	OF DISPOS	ITION (N	ame of cen	netery, cremetory o	,	20c. L	OCATION -	— City or	Town, Stat	le
4 Donation 5 Other (Special	y)	1	BETHE		EME	TER	Y 22	592	CI	IESA	PEA	KE C	CITY, M
21. SIGNATURE OF FUNERAL SERV	NCE LICENSEE						ND ADDRESS OF						V -
MITZ	1/	_					FOARD						
23. PART I. Enter the disease	s. or complication	ons that car	ised the day	ath. Do n	ot ente	CHI:	de of dylan su	KE C	T TTV	MD piratory a	arrest	1.4	Approximata
ahock, or heart f	illure. List only	one cause o	n each line.	atti. Do ti	ot ente	tite ino	de or dying, se	CIT de Cai	unac or rea	piratory e	miroat,	- 10	ntarval Between
IMMEDIATE CAUSE (Final disease or condition	D	4										10	Onset and Death
resulting in death)	a. br	es!	AS A CONSEO	re									9 yrs
		DUE TO (OR	AS A CONSEO	UENCE OF	F):								
Sequentially list conditions,	b										-	-	
If any, leading to immediate cause. Enter UNDERLYING		DUE TO (OR A	AS A CONSEO	UENCE OF	-):							ì	
CAUSE (Disease or injury	۵	DHE TO (OR	AS A CONSEO	HENCE OF	n.							- i -	
that initiated events resulting in death) LAST		DOE TO (ON)	A CONSEC	OENCE OF	<i>)</i> •							j	
	d											-	
PART II. Other algolficant co	nditiona contribu	iting to dea	th but not re	sulting i	In the u	nderlyln	g cause given i	In Part I.	24a. WAS /		Y 2		AUTOPSY FINDINGS
									1 TYES	200 NO	- 1	COMPL	BLE PRIOR TO ETION OF CAUSE
									1 1 123	A NO		OF DEA	
											- 1		ES 2 NO
25. WAS CASE REFERRED TO MED	ICAL T					00.01	ACE OF DEATH (Charles and a					
EXAMINER?	HOSPI		50 N		OTHE		ACE OF DEATH (Check only o	ne)				
1 TYES 2/10 NO			Outpatient 3	1		raing Horr		e 8 □ Oth					
27. MANNER OF DEATH		DATE OF INJU (Month, Day, Ye		26b, TIM	E OF	WC	JURY AT DRK?	28d. DE	SCRIBE HOV	/ INJURY C	OCCURED)	
1 V Maharal & Bandis					М	1 🗆	A4 7.5	1					
1 Natural 5 Pendi 2 Accident Invest		PLACE OF INJ	JURY — At hor	me, farm, s	street, fec	tory, offic	:0	28f. LO	CATION (Street or Town, Sta	it and Numi	ber or Ru	ral Route Nu	ımber,
2 Accident Invest 3 Suicide 8 Could	HOL DO	building, etc.	(opoury)										
2 Accident invest	HOL DO	building, etc.	(opouny)										
2 Accident Invest 3 Suicide 8 Could 4 Homicide determ 29a. CERTIFIER CERTIFYINI	HOL DO	building, etc.		nth occum	ed at the	time, date	end place, end d	ue to the cr	use(e) and n	nanner as s	stated.		
2 Accident Invest 3 Suicide 8 Could 4 Homicide 8 Certifyin 29e. CERTIFIER Check only	ined	e best of my i	knowledge, der									se(e) end n	nenner as stated.
Accident invest 3 Suicide 8 Could 4 Homicide 8 Certifyin 29e. Certifier (Check only)	3 PHYSICIAN: To th	e best of my i	knowledge, der				seath occured at t	he time, dat		and due to	the cau		
2 Accident 3 Suicide 8 Could 4 Homicide 8 CERTIFYIN (Check only one) 2 MEDICAL E	3 PHYSICIAN: To th	e best of my i	knowledge, der					he time, dat		and due to	the cau	se(e) end n	

Hospice # 11 Howard St. E/kton

OHMH-16 Rev 1/89

H. Far ks.; 51. DATE FILED (Moriti, Day, Year)
FEB 2 4 92

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALLIMONE, MARTLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within L iours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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FOR STATE REGISTRAR			STATE OF	MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL	HYGIENE REG. NO.
1. DECEDENT'S NAME Luther (Sr.	Boggs	2. DATE O MONTH	F DEATH ZAV

	1. DECEDENT'S NAME (First	, Middle, Last)								2. DATE OF D	EATH 2-	17-0	2	3. TIME OF DEATH
	Luther C.	Boggs	, Sr.	E	Bogos					2. DATE OF DEATH 2NT 17-92EAR 2 19 92 518				518 P H
	4. SOCIAL SECURITY NUMBER	8. AGE (in yrs. les	AGE (in yrs. last birthday) IF UNDER 1 YEA			IF UNDER 24 HRS. 7. DATE OF BIR			IRTH	TH 8. BIRTHPLACE (State or Foreig				
1	711-10-0296		1 🕅 M 2 🗆 F	73	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day	(Year)	010	Country	y)
	9e. FACILITY NAME (If not in	estitution, give st			9b. CITY	TOWN C	R LOCAT	ION OF DE	Aug. 2	7		Wes	t Virginia	
E	1416 East 0	a Road	Elkton Ceo											
210	RESIDENCE OF DE	- 1.000							an ale					
DIRECTOR	10e. STATE	10b. COUNTY			10c. CITY, TOWN OR LOCATION							10d. INSIDE CITY LIMITS?		
5	Maryland		El	kton								1 TYES 2 NO		
AL	10e, STREET AND NUMBER		100		101. ZIP CODE					10g. CITIZEN OF WH				HAT COUNTRY?
FUNERAL	1416 East 0	ld Phi	ladelphi	a Road	d 21921					U.S.A.				
5	11. MARITAL STATUS	T EVER IN U.S. AF	S. ARMED 13, WAS DECENDENT OF HISPANI							or No-	14. RACE	— American Indian, , White, etc.		
BY F	1 Never Married 2 X		IF YES, GIVE						Specify				Speci	
		70.50	2471011	1 12 2		1				1 720 000				MILTER
1	(Specify on	EDENT'S EDUC y highest grade	completed)	(G	ECEDENT'S Silve kind of DO NOT US	work done			ing	16b. KIN	D OF BUS	INESS/IND	USTRY	
٦	Elementary/Secondary (0-12)	College (1-4 or 5	+)	iese]		han.	ic		Пъ	anspo	\r+ \-	ion	
COMPLETED	17. FATHER'S NAME (First, A	licidia (pot)			16261	riec	mall.	_	LNCO-6 NT	ME (First, Middle			.1011	
		nk A.	Rogge					I IO. INO	HER S NA	Ina W				
BE	19a. INFORMANT'S NAME (20995	40	h MAII INC	ADDRESS	(Streat -	nd Numb	or Or Donal S	Route Number, C			Cortal	
2	Mary E. Bog									ad - E				1921
			20 199							15.		ATION —		
	20a. METHOD OF DISPOSIT 1	on 3 Rem	ovel from State	North	face)			-		terv				, Maryland
1	21. SIGNATURE OF FUNERA		ENSEE	/ /				_	_	or Fun				, j zum
	· w),	15	11						or Fun			A	
	1	16	4-60	No	CR	4	Elkt	on.	MD	21921-	5521			
		nort follure	Liet only one on	use on each line										Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death) Due TO (OR AS A CONSCOUENCE OF): Due TO (OR AS A CONSCOUENCE OF):													
	resulting in death)	→	a. DUE TO	OR AS A CONCE	OUENCE O	1011	CA	den	care	cinuma	1	d iffer	renti	Month
_	SOL TO JOHN AS A SUNGEODERUSE OF J.										i			
ō	Sequentially list condi- if any, leading to imme		DUE TO	OR AS A CONSE	OUENCE O	n:								
CAT	cause. Enter UNDERLY	ING	c.											
CERTIFICATION	CAUSE (Disease or Injuthat initiated events		DUE TO	(OR AS A CONSE	QUENCE O	r):								
ERI	resulting in death) LAS	1	d											
	PART II. Other signific	ant condition	a contributing to	deeth but not	resulting	in the ur	nderivin	a cause	given in	Part I. 244	. WAS AN	AUTOPSY	246	WERE AUTOPSY FINDINGS
MEDICAL					ing	are di		3 32466	g. 7 911 111		PERFOR	MED?	240	AVAILABLE PRIOR TO COMPLETION OF CAUSE
	-									16	YES 2	NO		OF DEATH?
-										—				1 TYES 2 NO
AN	25. WAS CASE REFERRED	D MEDICAL					00 0	Ace or	DEATH AC	and and see				
PHYSICIAN:	EXAMINER?	- MEDICAL	HOSPITAL:	CO/Out-19	• □ ac:	OTHE	RI:			eck only one)				
TYS	1 YES 2 KNO		1 L) Inpatient 2	☐ ER/Outpetient :	28b. Til			JURY AT	Rasidence	6 Other (Sp 28d, DESCRI	7,	AJURY OO	CURED	
	A.4	Pending		Day, Ybar)		JURY	WC	YES 2	□ NO	zoc. ozgoni	10W II		JUNEO	
ВУ	2 Accident	Investigation			street, for				281 LOCATIO	M (Charle		r or Aumil i	Route Number	
3 Suicide 6 Could not be 228. PLACE OF INJUST — At nome, term, street, factory, office 228. LOCATION (Street and Number or Hural Rou City or Town, State)								oute Number,						
Ш	3 Suicide 6 4 Homicide				ome, tarm,		,,			City or To	wn, State)	ind Numbe	OF THE E	
ETEC	4 Homicide	Could not be determined	bullding	, etc. (Specify)						City or To	wn, State)			
MPLETE	4 Homicide 29e. CERTIFIER (Check only	Could not be determined	building	i, etc. (Specify)	leath occur	red at the	time, dete	and place		City or To	o) and mar	ner as eta	rted.	
COMPLETE	4 Homicide 29e. CERTIFIER (Check only one) 2 MEE	Could not be datermined TIFYING PHYSI HCAL EXAMINE	CIAN: To the best of	i, etc. (Specify)	leath occur	red at the	time, dete	and place		City or To	o) and mar	ner as eta	rted.	e) and manner as stated.
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BE COMPLET	29e. CERTIFIER 1 CER (Check only one) 2 MEE	Could not be datermined TIFYING PHYSI CAL EXAMINE	CIAN: To the best of	n etc. (Specify) of my knowledge, dependent on end/or Medital	Pires	red at the son, in my o	time, dete	and placed eath occurrence of the second sec	CENSE NU	City or To	e) and mar	ener as stand due to the 29d. DAT	ted. Te Signet	e) and manner as stated. O (Month, Day, Year)
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BE COMPLET	4 Homicide 290. CERTIFIER 1 CER (Check only one) 2 MEI 290. SIGNATURE AND TITL. 30. NAME AND ADDRESS (H Farks)	Could not be determined TIFYING PHYSI HICAL EXAMINE FOR CERTIFIE FERSON WH	CIAN: To the best of R. P. COMPLETED CAI	of my knowledge, departmention and/or Medical Juse of DEATH (IT)	Pires	red at the son, in my o	time, dete	and placed eath occurrence of the second sec	CENSE NU	City or To	e) and mar	ener as stand due to the 29d. DAT	ted. Te Signet	e) and manner as stated. O (Month, Day, Year)
BE COMPLET	4 Homicide 290. CERTIFIER 1 CER (Check only one) 2 MEI 290. SIGNATURE AND TITL. 30. NAME AND ADDRESS (H Farks)	Could not be determined TIFYING PHYSI DICAL EXAMINE OF CERTIFIE DIF PERSON WH	CCIAN: To the best of RR: On the basis of RR: On the basis of RR: On COMPLETED CAI	M my knowledge, d examination and/or Medical USE OF DEATH (ITI IN CLES LAR'S SIGNATURE	Pires EM 27) (Type	tor a, Print)	time, dete	and placed eath occurrence of the second sec	CENSE NU	to the cause(s) time, date and	e) and mar	ener as stand due to the 29d. DAT	ted. Te Signet	e) and manner as stated. O (Month, Day, Year)
BE COMPLET	29e. CERTIFIER 1 CER (Check only one) 2 MEE	Could not be determined TIFYING PHYSI HICAL EXAMINE FOR CERTIFIE FERSON WH	CCIAN: To the best of RR: On the basis of RR: On the basis of RR: On COMPLETED CAI	of my knowledge, departmention and/or Medical Juse of DEATH (IT)	Pires EM 27) (Type	tor a, Print)	time, dete	and placed eath occurrence of the second sec	CENSE NU	City or To	e) and mar	ener as stand due to the 29d. DAT	ted. Te Signet	e) and manner as stated. O (Month, Day, Year)



	1 - STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT ERTIFICATE	OF HEALTH AND OF DEATH	MENTAL HYGIEN	E 92	06385			
	1. DECEDENT'S NAME (First, Middle, Last)		1		2. DATE OF DEATH		3. TIME OF DEATH			
	MADGE	- W .	0	UTLER	CEB 19	1993	1928 M			
		6. SEX 6. AGE (In yrs. lesi			7. DATE OF BIRTH (Month, Day, Year)	8. BI	IRTHPLACE (State or Foreign			
	220 10 3301	□M2×F 92	YRS. MONTHS	DAYS HOURS MIN.	1-23-190		arvland			
~	9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH									
DIRECTOR	PENINSULA GENERA	WI	COMICO							
RE			10c. CITY, TOWN OF				10d. INSIDE CITY LIMITS?			
	Md. Wico	mico	Fruit:				1 X YES 2 NO			
FUNERAL	V			101. ZIP CODE		14:	OF WHAT COUNTRY?			
NE.	611 E. Main St.	2. WAS DECEDENT EVER IN U.S. ARM		21826			J.S.A.			
	1 Never Merried 2 Merried	FORCES? 1 YES 2 N	0 11	AS DECENDENT OF HISPA yee, specify Cuban, Mexico	en, Puerto Rican, atc.)	or No- 14. R	IACE — American Indian, Black, White, etc.			
ВУ	3 ₩idowed 4 □ Divorced	IF YES, GIVE WAR OR DATES	1	YES 2 NO Specif	y:	s	White			
ED	15. DECEDENT'S EDUCATI (Specify only highest grade con		EDENT'S USUAL OC	CUPATION	16b. KIND OF BUS	INESS/INDUSTR				
LET	THE PROPERTY OF THE PARTY OF TH	College (1-4 or 5+)	re kind of work done du Do NOT use retired.)	iring most of working						
MP		4 Te	eacher		Public	Schoo	ols			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	ME (First, Middle, Malden	Surname)				
BE	Nutter Jerome W			Sally	Mary Dal					
2	19e. INFORMANT'S NAME (Type/Print)	19b.	MAILING ADDRESS	Street and Number or Rural	Floute Number, City or Town	, State, Zip Code)			
	Julia B. Ames		Same as	10.						
	20e. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Removal	from State cemetery, crem	ND DATE OF DISPOSIT			CATION — City of				
	4 Donation 5 Officer (Specify)	Pala	tka Mem		2/24 Pa1	atka,	Florida			
	2 01	7/) 22. N	AME AND ADDRESS OF FA	CILITY					
	Quala (" Drunes	Bot	inds Funer	al Home,	Salis	bury, Md.			
	23. PART i. Enter the diseases, or com shock, or heart fellure. List	plications that caused the dea only one cause on each line.	th. Do not antar t	ha moda of dying, suc	h as cardiac or respir	ratory srrast,	Approximate			
	IMMEDIATE CAUSE (Final	by one decay on according.	1	1			Interval Between Onsat and Death			
	disease or condition resulting in death)	Kespera	tan to	ailure						
	Sequentially list conditions, Due to the sequence of the sequentially list conditions, Due to the sequential to the sequ									
O	Sequentisliy list conditions,	Julmon	rary	Curple	ysem	a				
AT	if sny, lasding to immediata cause. Enter UNDERLYING	DUE TO (DH AS A CONSEDE	UENCE DF):							
윤	CAUSE (Disease or injury that initiated events	DUE TO (DR AS A CONSEDE	UENCE OF):							
CERTIFICATION	resulting in dasth) LAST									
	d									
PHYSICIAN: MEDICAL	PART II. Other significant conditions c	ontributing to death but not re	2	. 0	Part I. 24s. WAS AN / PERFORI		24b. WERE AUTOPSY FINDINGS			
8	Engest	eve Hea	nt Fa	reure	1 YES' 2		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
M							1 YES 2 ND			
ž										
S	25. WAS CASE REFERRED TO MÉDICAL EXAMINER?	OSPITÁL:	T	26. PLACE DF DEATH (Ch	eck only one)					
YSI	1 VES 2 NO 1	Impatient 2 ER/Outpatient 3	DOA 4 Nursir	ng Home 5 - Residence	6 Other (Specify)					
F	27. MANNER OF DEATH 1 ↑ Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 2	8c. INJURY AT WORK?	28d. DEŞCRIBE HDW IN	JURY OCCURED				
B	2 Accident Investigation		М	1 YES 2 NO						
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At hom building, etc. (Specify)	ie, farm, atreet, tactor	y, office	28t. LOCATION (Street ar City or Town, Stete)	nd Number or Run	rel Route Number,			
COMPLETED										
린	29e. CERTIFIER (Check only one)	1: To the best of my knowledge, deat	th occurred at the tim	e, date end place, end due	to the cause(e) and menr	ner se stated.				
ō I	2 MEDICAL EXAMINER: O	in the basis of examination end/or im	vestigation, in my opi	nion, death occured at the	time, date end place, end	due to the caus	ee(e) end menner ee stated.			
BE (29b. SIGNATURE AND TITLE DF CERTIFIER	1- 10		29c. LICENSE NUM	IBER	29d. DATE SIGN	IED (Month, Day, Mear)			
24	manges	he ful.		1/37/	70	1 21	20197			
-	30. NAME AND ABORESS OF PERSON WHO do	DMPLETED CAUSE OF DEATDOITEM	27) (Type, Print)	5, Pine	Bluf	1. Rd	#6.			
10	31. DATE FILED (Morth, Day, Year)	32. REGISTRAR'S SIGNATURE	5	aliciple	14,00	1487	2/801			
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	×	ter death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	99
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IMPORTANT:

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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH Forrest Hudson Boggs, Jr. 3. TIME OF DEATH 1992 FORREST BOGGS 5:32 рм 4. SOCIAL SECURITY NUMBER 5. SEX Jan. 10, 1925 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 217-12-8909 DAYS 1 🔯 M 2 🗆 F Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEATH THE JOHNS HOPKINS HOSPITAL DIRECTOR BALTIMORE BALTIMORE CITY RESIDENCE OF DECEDENT 10a STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Harford Bel Air 1 YES 2 1 NO 10e. STREET AND NUMBER FUNERAL 21014 10g. CITIZEN OF WHAT COUNTRY 207-A Crocker Drive USA 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yes, specify Cuban, Maxican, Puarto Rican, etc.) 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 1 Never Married 2 Married 2 X NO ВУ 1 TES 2 NO Specify 3 Widowed 4 Divorced White COMPLETED 15. OECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +) U.S. Postal Service Rural letter carrier 12 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname)
Mabel Adeline Tilley Forrest Hudson Boggs, Sr. BE 19a. INFORMANT'S NAME (Type/Print) 196. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
207-A Crocker Drive, Bel Air, Md. 21014 2 Julia L. Boggs 20e. METHOD OF DISPOSITION
C Burial 2 Cremetion 3 Removal from State
4 Donetion 6 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State Bel Air Memorial Gardens 2–27–92 Bel Air, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Howard K. McComas III Funeral Home, P.A. RA. 1317 Cokesbury Road, Abingdon, Md. 21009 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fellure. Liet only one cause on each line. interval Between IMMEDIATE CAUSE (Finel disease or condition 10 days. failure (renol, neurological, caroline) Multisystem Organ resulting in death) DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE/OF): cardiomyopathy 5 years. MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING Coarctation CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying cause given in Pert i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? PERFORMED? 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 (V Inpatient 2 | ER/Outpatient 3 | DOA 1 YES 2 NO OTHER: 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a, DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. OEŞCRIBE HOW INJURY OCCUREO fonth, Day, Year) 1 Natural 1 YES 2 NO BY 2 Accident 26a. PLACE OF INJURY — Al home, ferm, street, fectory, office building, stc. (Specify) 3 Sulcide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the films, date and place, and due to the cause(s) and manner as stated. 2 __ MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 296. SIGNATURE AND TITE OF CERTIFIE BE 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) tit MI) 2/24/92. 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
Peter S. Greene M. Johns Hadris

Johns Hopkins Hospital

P. REGISTBAR'S SIGNATURE

Baltimore

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21205.

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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

IMPORTANT: If Item 28 is marked, or Item

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR 1 - STATE REGISTRAR	STATE OF MAR	YLAND / DEPAI CERTIF				MENTAL HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last Fannie W. 1						2. DATE OF DEATH DAY	3 9	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 218-32-9964	5. SEX 6. A	GE (In yrs. last birthday) YRS.	IF UNDER		UNDER 24 HRS. DURS MIN.	7. DATE OF BIRTH (Month, Day, Year) JUNE 27, 19	6. B	HRTHPLACE (State or Foreign Sountry) Waryland
9a. FACILITY NAME (If not institution, give Carroll County (ocation of D		9c. COUNTY	
RESIDENCE OF DECEDENT 10a. STATE 10b. COUN			TY, TOWN O					10d, INSIDE CITY
Maryland Bo	iltimore		Rei	sters	town			LIMITS? 1 YES 2 YNO OF WHAT COUNTRY?
66 Benson Lan	2			101. 21	21136		iog. Grizen	USA
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 1 1	YES 2XXNO	H		y Cuban, Maxic	NIC ORIGIN? (Specify Yes en, Puerto Rican, etc.) fy:		RACE — American Indien, Black, White, atc. Specify: White
15. DECEDENT'S Et (Specify only highest gra Elementary/Secondary (0-12)			s usual oc f work done d use retired.)	uring most o	f working	166. KIND OF BUS	decreased c. v	RY
17. FATHER'S NAME (First, Middle, Lest) Samuel J. Vone	dersmith			11		AME (First, Middle, Meldon !	Surname)	
190. INFORMANT'S NAME (Type/Print) Lillian C. Jac	rson					na Park, Mo		
20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Re 4 Donation 8 Other (Specify)	moval from Stata	of cemetary, cremato Resters	TE OF DISPO	Metho	dist	2-27 Re		
21. SIGNATURE OF FUNERAL SERVICE	ain Pou	ell			adoress of Fi -uneral	11824		erstown Rd. own, Md.21136
23. PART I. Enter the diseases, p shock, or heert fellum iMMEDIATE CAUSE (Final disease or condition resulting in deeth)	a. Aftero	used the death. Do on each line.	lie (0	1	Calar Se		Approximate interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b	AS A CONSEQUENCE						
CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEQUENCE	OF):			-		
PART II. Other algorificent conditi	ona contributing to dea	th but not resulting	g in the un	derlying c	ause given ir	Part I. 24s. WAS AN. PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
			H		á	1 TYES 2	1	COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER	R:	E OF DEATH (C	VIII CONTRACTOR OF THE PARTY OF		1
1 YES 2 NO 27. MANNER OF DEATH 1 Natural 8 Pending Investigation Investigation	1 Inpetient 2 ER 28s. DATE OF INJI (Month, Day, Ye	URY 26b. T	ME OF NJURY	28c. INJUR WORK	Y AT	6 Other (Specify) 28d. DESCRIBE HOW IF	NJURY OCCUR	
2 Accident Investigation 3 Suicide 6 Could not to 4 Homicide determined	28e. PLACE OF IN.	JURY — At home, ferm (Specify)	n, atreet, facto	ory, office	-0	26f. LOCATION (Street a City or Town, State)	nd Number or R	Rural Route Number,
Condon Mary	/SICIAN: To the best of my							suse(s) and manner as stated.
296. SIGNATURE AND TITLE OF CENTRE	Leouse	and I	12	,	LICENSE NO	705	29d, DATE SIG	GNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON OF RICHARD JONES				Gene	ral Hos	p. Westmi	nster,	Md. 21157
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE A Pandall						

		4. SOCIAL SECURITY NUMB	EP	5. SEX	8. AGE (In)	//3. les	st birthday)	IF UNDER	t YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH
		215-09-7317	'	1 🕅 M 2 🗆 F	98	3	YRS.	MONTHS	DAYS	HOURS	MIN.		.5,1
_ 1		9e. FACILITY NAME (If not in:	stitution, give s	street end number)				9b. CITY	TOWN C	R LOCATIO	N OF DE		.0,1
	DIRECTOR	Frederick M	Memori	al Hospi	tal			Fred	deri	ck			
(SEE):	<u>[</u>	RESIDENCE OF DEC	10b, COUNT	Y			10c CIT	Y, TOWN C	R I OCAT	TON			
and the same of	E	Maryland		ington				liams					
1		10e. STREET AND NUMBER	Wash	ringcon			MII	1 I dill		. ZIP CODE	_		
- TS	5	215 S.Vermo	ont St						""	2179			
Cian.	FUNERAL	11. MARITAL STATUS	5116 56	12. WAS DECEDEN	IT EVER IN U	S. AR	MED	13.	ABS DEC	ENDENT OF		IC OBIGI	M? (Specif
BALTIMORE, MARYLAND 21215-0020 for death. Page 6 may be retained by the hospital or attending physician. The funeral director, page 5 should be detached for use as the burial-transit al.	BY F	1 Never Married 2 3 Widowed 4 Divo		FORCES?		2 💢 🛚	40		f yes, sp	2 NO		n, Puerto	
1215- r attendii use as t	ETED	15. DECI	EDENT'S EDU	CATION	10	Ba. DE	CEDENT'S	USUAL O	CUPATIO	ON		168	. KIND OI
21. Fr. u	<u> </u>	Elementary/Secondary (0		College (1-4 or 5	+)	life.	. Do NOT us	e retired.)	luring mo	st of working	7.		
AND 2 the hospital detached to	COMPL					F	inis	her					Leat
the the deta	8	17. FATHER'S NAME (First, MI								ts. MOTH			Middle, Ma
RYL Md by	BE	Zopher		ascoe	[3ra					ince:		(n
MAR\ retained I 5 should	2	19a. INFORMANT'S NAME (7)								nd Number			
ay be re page 5		Lula B.Hars				_				St.	Wil	l 1 am	spor
IMORE, MARYLAN Page 6 may be retained by the hos I director, page 5 should be detach ner must be notified at once.		20e. METHOD OF DISPOSITI 1 Suriel 2 Cremetio 4 Denetion 5 Other	ON n 3 □ Rem (Specify)	oval from State	comete R1	Ver	matery or of	reposed (Percentage)	ition/Na eter	y Feb	.28	. 199	2 W
TIN Page al dir		21. SIGNATURE OF FUNERAL	SERVICE LIC	centre /						ID ADDRES			
BALTIN ler death. Pagi the funeral dir wal.		>///a/v7	///	alim	i-	_		P	0. B	OX #	348	AL M Wi	OME 11ia
S 68760, B executed within 24 hours after and completely filled in by the o burlal, cremation, or removal matic event, the medical e		23. PART I. Enter the di shoot, or he IMMEDIATE CAUSE (Fin disease or condition resulting in death)	sert fallure.	List only one cau a	Inc	lina A	PLANTER OF	Fan			ng, such	as care	flac or r
P.O. BOX th certificate be ex ending physician a I. Hygiene prior to or other traum.	CERTIFICATION	Sequentially list conditi- if any, leading to immed cause. Enter UNDERLY!! CAUSE (Disease or Inju- that initiated events resulting in deeth) LAST	diate NG ry	c	(OR AS A CO								
AL RECORDS, s law requires that the deal has been signed by the att Dept. of Health and Menta 23 shows any Injury,	AN: MEDICAL	PART II. Other algnifice	nt condition	e contributing to	death but	not r	esulting (n the un	derlying	cause gl	iven in i	Part I.	24a. WA PEI 1 NE
F 2 2 5	15	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:				07115		ACE OF DE	ATH (Che	ck only or	10)
F VIT SICIAN: T certificate th the Stat f, or Ite	PHYSIC	1 TYES 2 NO		1 Inpatient 2		ent 3	□ DOA	OTHER		5 🗆 Res	Idence	8 🗆 Othe	r (Specify)
NG PHYSII ther this co	F	27. MANNER OF DEATH 1 Natural 5 I	Pending	28e. DATE OF (Month, D			28b. TIM	E OF URY		RK?		28d. DES	CRIBE H
0 0 0 0	D BY	Accident	nvestigation Could not be	28e. PLACE O	F INJURY -	At ho	me, farm, s	treet, facto	1 🔲 Y		NO		ATION (St
OIVISI OR ATTEN DIRECTOR: hours after Item 26 It	ETE		determined	bunding,	etc. (Specify)							City	or Town, S
	COMPLETE			CIAN: To the best of R: On the bests of e									
THE HOSPITAL THE FUNERAL filed within 72 PORTANT: If		29b. SIGNATURE AND TITLE					1	, my 0	,				Aud bisc
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Harvey Albus s. sex

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

Kauttma

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4. SOCIAL SECURITY NUMBER

Larvey

03 05388

STATE OF M				F HEALTH A		REG. NO.	E	92	06388
Harvey	1 Alba	rt	₹ BRA	NT		ATE OF DEATH DA		YEAR	3. TIME OF DEATH 23 45 PM
5. SEX 1 🔀 M 2 🗆 F	8. AGE (In yrs. 98	lest birthday) YRS.	THE STATE OF THE S	NYS HOURS	MIN. S	ATE OF BIRTH Worth, Day, Year) PD.5,189		Pen	nsylvania
et end number) 1 Hospit	al		Frede	wn or location rick	OF DEATH		110	DERI	
ngton			y, town or L liamsp						10d. INSIDE CITY LIMITS? 1 X YES 2 NO
				101. ZIP CODE 21795			U	SA	WHAT COUNTRY?
FORCES? 1 IF YES, GIVE W	YES 2	ARMED NO	If ye	DECENDENT OF I s, specify Cuben, I YES 2 NO	HISPANIC OI Mexican, Pu Specify:	RIGIN? (Specify Yes orto Rican, etc.)	or No—	Blac Spec	E — American Indian, k, White, etc. ity:
TION impleted) College (1-4 or 5+		DECEDENT'S (Give kind of life. Do NOT u	se retired.)	g most of working		Leathe	r Pr	DUSTRY	
scoe		ant		Fran	nces	irst, Middle, Meiden : (nmi)		Batdorff
						Number City or Town			
al trom State	R1VE	crematery or o	of DISPOSITIO	ery Feb.	.28,	992 Wil	i am	Spor	t, MD 21795
Coly		_	0SB P.0	ORNE FUI Box #	VERAL 848	HOME Williams	port	,MD	
pplications that at only one cause Due To (on sach II	na.			, such as	cardiac or respli	ratory ar	reat,	Approximate Interval Between Onset and Death
OUE TO (OR AS A CONS	BEOUENCE O	F):						
DUE TO (OR AS A CONS	BEOUENCE O	F):						
funj	death but no	t resulting				PERFOR	MED?	24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
OSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER:	8. PLACE OF DEAT					
28e. DATE OF I (Month, De		28b. TIM	E OF 280	NJURY AT WORK?	28d.	DESCRIBE HOW IN	JURY OC	CURED	
28e. PLACE OF building, a	INJURY — At rtc. (Specify)	home, farm,	street, factory,	office	281.	LOCATION (Street e. City or Town, Stete)	nd Number	or Rumi F	Route Number,
						ceuse(e) and man			end manner ee stated.
ofm		Im	2	29c. LICENS	E NUMBER	7/	29d. DAT	E SIGNED	(Month Dey, Year)
MPLETED CAUS	OF DEATH (ton 10	Print)	ricle	MAT	> 21	70	-	+

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospit	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached he find within 72 hours after death with the State per	IMPORTANT. If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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BY PHYSICIAN: MEDICAL

BE COMPLETED

2

1 X Natural
2 Accident

3 Suicide

4 Homicide

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1 - FOR STATE REGISTRAR	STATE OF MAI							MEN			92		1638	9
1. DECEDENT'S NAME (First, Middle, Last)									ATE OF DEAT	Н		3. Tr	IME OF DEATH	
CLARENCE	STARTZMA	N BI	USSA	ARD				M			92			M
4. SOCIAL SECURITY NUMBER	5. SEX 8.			IF UNDER			-		ATE OF BIRTH		a. BIRT	HPLAC	E (State or Forei	gn
220-16-2034	1)(M 2 F	85	YRS.	MONTHS	DAYS	HOURS	MIN.	MAI	RCH 16	, 1906	MAI		AND	
te. FACILITY NAME (If not institution, give st	treet end number)			9b. CITY,	TOWN (R LOCATI	ON OF D				_	DEATH		
WASHINGTON COL	JNTY HOSP	ITAL		Н	AGE	RST	NWO			\	WASH:	ING	TON	
	7		10c. CIT	TO MOUNT O	B LOCAT	HON						404	WEIDE OF	
	SHINGTON												LIMITS?	0
	VEDO 504				101		_			10g. (CITIZEN OF	WHAT	COUNTRY?	
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11. MARITAL STATUS 1 Never Married 2 Married 3X Widowed 4 Divorced	FORCES? 1	YES 2 XN	MED IO	1	1 yes, sp	ecify Cuba	л, Mexic	an, Pue	RIGIN? (Specif erto Rican, etc	Yes or No-	Blac	cffy:		
		16a, DE	CEDENT'S	USUAL OC	CUPATIO	ON	_		16b. KIND OF	BUSINESS/	INDUSTRY		VVIIII	
Elementary/Secondary (0-12)	College (1-4 or 5 +)	ilfe.	Do NOT u	work done d	unng mo	st of working	ng							
4		T	RUCK	DR:	IVE	R			GRAI	N EL	EVAT	OR		
	KI TN DI	10040				16. MOT	HER'S NA	ME (FI	irst, Middle, Me	iden Surnem	•)			
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	ON													
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1 N Buriel 2 Cremation 3 Remo	oval from State	complete cre	matoni or c	thought south			N/ 0	1 1						
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		7		A 4	NDRE O E	W K.	COL	FFM AM	AN FUN	IERAL IAGERS	HOME STOWN	, II	NC. D. 2174	40
23. PART I. Enter the diseases, or of abook, or heart failure.	complications that calls	used the de	ath. Do	not enter	the mo	de of dy	ing, suc	h aa i	cerdiec or r	epiratory	arrest,	T	Approximate	
IMMEDIATE CAUSE (Fine)) caci inie	•									j		
resulting in death)		neu	(uc	MIN	9									
	DUE TO (OR	AS A CONSEC	DUENCE O	NF):										
Sequentially list conditions,	DUE TO (OR	AS A CONSEC	UENCE O	F):								1		
cause. Enter UNDERLYING	e.											-		
that initiated events	OUE TO (OR	AS A CONSEC	UENCE O	F):										
resulting in death) LAST	1											_		
	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last) CLARENCE 4. SOCIAL SECURITY NUMBER 220-16-2034 9a. FACILITY NAME (# not institution, give s WASHINGTON COL RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY MARY LAND WA 10a. STREET AND NUMBER 13411 HERMAN M 11. MARITAL STATUS 1 Never Married 2 Married 3X Widowed 4 Divorced 15. DECEDENT'S EDUI (Specily only highest grade Elementary/Secondary (0-12) 4 17. FATHER'S NAME (First, Middle, Last) SAMUEL FRAN 19a. INFORMANT'S NAME (Type/Print) RONALD E. KEYT 20a. METHOD OF DISPOSITION 1 W Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specily) 21. SIGNATURE OF FUNERAL SERVICE LIC L. L. L. L. L. L. L. L. L. L. L. L. L. L	1. DECEDENT'S NAME (First, Middle, Last) CLARENCE STARTZMA 4. SOCIAL SECURITY NUMBER 220-16-2034 9a. FACILITY NAME (If not institution, give street end number) WASHINGTON COUNTY HOSP RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY MARYLAND WASHINGTON 10b. COUNTY MARYLAND WASHINGTON 10b. COUNTY MARYLAND WASHINGTON 11. MARITAL STATUS 1 Never Married 2 Married 3X Widowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 4 17. FATHER'S NAME (First, Middle, Last) SAMUEL FRANKLIN 19a. INFORMANT'S NAME (Type/Print) RONALD E. KEYTON 20a. METHOD OF DISPOSITION 1 W Burled 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE MMEDIATE CAUSE (Finai disease or condition resulting in death) DUE TO (OR CAUSE (Disease or Injury that initiated events	1. DECEDENT'S NAME (First, Middle, Last) CLARENCE STARTZMAN BI 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last) 220-16-2034 1X M 2 F 85 9a. FACILITY NAME (II not institution, give street and number) WASHINGTON COUNTY HOSPITAL RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY MARYLAND WASHINGTON 10a. STREET AND NUMBER 13411 HERMAN MYERS ROAD 11. MARITAL STATUS 1 Never Married 2 Married 3X Widowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) T 17. FATHER'S NAME (First, Middle, Last) SAMUEL FRANKLIN BUSSAR 19a. INFORMANT'S NAME (First, Middle, Last) RONALD E. KEYTON 20a. METHOD OF DISPOSITION 1 Described Surface Completed Surface Surf	1. DECEDENT'S NAME (First, Middle, Last) CLARENCE STARTZMAN BUSS/ 4. SOCIAL SECURITY NUMBER 2.20-16-2034 1X M 2 F 85 YRS. 9a. FACILITY NAME (If not institution, give street and number) WASHINGTON COUNTY HOSPITAL RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY HOSPITAL RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY HOSPITAL RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY HOSPITAL RESIDENCE OF DECEDENT 10c. CT MARY LAND 11. MARITAL STATUS 1 Never Married 2 Married 3X Widowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S (Give kind of the last) TRUCK 17. FATHER'S NAME (First, Middle, Last) SAMUEL FRANKLIN BUSSARD 19a. INFORMANT'S NAME (Type/Print) RONALD E. KEYTON 20a. PLACE AND DATE completely or certified on each line. IMMEDIATE CAUSE (Final disease, or complications that ceused the death. Do shock, or heart failure. List only one ceuting on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE Cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE Cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	1. DECEDENT'S NAME (First, Middle, Last) CLARENCE STARTZMAN BUSSARD 4. SOCIAL SECURITY NUMBER 220-16-2034 1X M 2 F 85 YRS. 9a. FACILITY NAME (# not institution, give street end number) 9a. FACILITY NAME (# not institution, give street end number) 9a. FACILITY NAME (# not institution, give street end number) WASHINGTON COUNTY HOSPITAL RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY HOSPITAL RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY HOSPITAL RESIDENCE OF DECEDENT 11b. MARITAL STATUS 11c. NAME (First, Middle, Last) 11c. Naver Married 12c. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 15c. DECEDENT'S EDUCATION (Give kind of work done into the composition) Elementary/Bacondary (0-12) College (1-4 or 5+) TRUCK DR: 17c. FATHER'S NAME (First, Middle, Last) SAMUEL FRANKLIN BUSSARD 19a. INFORMANT'S NAME (First, Middle, Last) RONALD E. KEYTON 20a. METHOD OF DISPOSITION 1 Bushel 2 Cremation 3 Removel from State 1 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE A C. Mall December (Specify) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, iseding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):	1. DECEDENT'S NAME (First, Middie, Last) CLARENCE STARTZMAN BUSSARD 4. SOCIAL SECURITY NUMBER 220-16-2034 1X M 2 F 85 YRS. B. AGE (In yrs. last birtholay) 9a. FACILITY NAME (If not institution, pive street and number) WASHINGTON COUNTY HOSPITAL HAGE RESIDENCE OF DECEDENT 10a. STARE 10b. COUNTY HOSPITAL 10c. CITY, TOWN OR LOCAL HAGERSTO! 10a. STREET AND NUMBER 13411 HERMAN MYERS ROAD 11. MARITAL STATUS 1 NAME (If not institution) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 (NO) 13. WAS DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 17. FATHER'S NAME (First, Middie, Last) SAMUEL FRANKLIN BUSSARD 19a. INFORMANT'S NAME (First, Middie, Last) SAMUEL FRANKLIN BUSSARD 10b. MAILINO ADDRESS (Street or life or service) 20b. PLACE AND DATE OF DISPOSITION (No committed) 21c. SIGNATURE OF FUNERAL SERVICE LICENSEE A. ALL 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mospholy, or heart failure. List only one cediba on each line. Sequentially list conditions, If any, laeding to immediate causes. Enter UNDERLING CAUSE (Pleases or Injury that initiated events.	1. DECEDENT'S NAME (First, Mickin, Last) CLARENCE STARTZMAN BUSSARD 4. SOCIAL SECURITY NUMBER 2. 20 - 16 - 2034 1X M 2	1. DECEDENT'S NAME (First, Middle, Last) CLARENCE STARTZMAN BUSSARD 4. SOCIAL SECURITY NUMBER 2. 20 - 1.6 - 2.03.4 1/2 M 2 F 8.5 YRS. SEX A. AGE (In yrs. last birthday) F UNDER 1 YEAR F UNDER 24 IRRS. 2. 20 - 1.6 - 2.03.4 1/2 M 2 F 8.5 YRS. SEX A. AGE (In yrs. last birthday) F UNDER 1 YEAR F UNDER 24 IRRS. 3. SOCIAL SECURITY NUMBER 3. SCX A. AGE (In yrs. last birthday) F UNDER 1 YEAR F UNDER 24 IRRS. 3. SOCIAL SECURITY NUMBER 3. SCX A. AGE (In yrs. last birthday) F UNDER 1 YEAR F UNDER 24 IRRS. 3. SOCIAL SECURITY NUMBER AS TOWN 4. AGERSTOWN HAGERSTOWN HAGERSTOWN 100. CITY, TOWN OR LOCATION HAGERSTOWN 100. STATE 100. COUNTY HOSPITAL 101. CITY, TOWN OR LOCATION HAGERSTOWN 102. STREET AND NUMBER 1.3 ALL STATUS 1	1. DECEDENT'S NAME (First, Middle, Lest) CLARENCE STARTZMAN BUSSARD 4. SOCIAL SECURITY NUMBER 2.0 — 16 — 2 0 3 4 1X M 2 — F 85 YRS. SEX 2.0 — 16 — 2 0 3 4 1X M 2 — F 85 YRS. SEX 2.0 — 16 — 2 0 3 4 1X M 2 — F 85 YRS. SEX 3. AGE (fin yrs. lest birthdey) FUNCES 1 YRS. SEX 4. AGE (fin yrs. lest birthdey) FUNCES 1 YRS. SEX 2.0 — 16 — 2 0 3 4 1X M 2 — F 85 YRS. SEX 4. AGE (fin yrs. lest birthdey) FUNCES 1 YRS. SEX 4. AGE (fin yrs. lest birthdey) FUNCES 1 YRS. SEX 2.0 — 16 — 2 0 3 4 1X M 2 — F 85 YRS. SEX 4. AGE (fin yrs. lest birthdey) FUNCES 1 YRS. SEX 4. AGE (fin yrs. lest birthdey) FUNCES 1 YRS. SEX 5. YRS. SEX 7. GOVERN FUNCES 1 YRS.	1. DECEDENT'S NAME (First, Middle, Last) CERTIFICATE OF DEATH REG. 1. DECEDENT'S NAME (First, Middle, Last) CLARENCE STARTZMAN BUSSARD 2. DATE OF BINTH OWN IN JUST AND CONTROL OWN IN JUST AND CONTROL OF BINTH OWN IN JUST AND CONTROL OWN IN JUST AND CONTROL OWN IN JUST AND CONTROL OWN IN JUST AND CONTROL OWN IN JUST AND CONTROL OWN IN JUST AND CONTROL OWN IN JUST AND CONTROL OWN IN JUST AND CONTROL OWN IN JUST AND CONTROL OWN IN JUST AND CONTROL OWN IN JUST AND CONTROL OWN IN JUST AND CONTROL OWN IN JUST AND CONTROL OWN IN JUST AND CONTROL OWN IN JUST	1. DECEDENT'S HAME (First, Modific, Last) 1. DECEDENT'S HAME (First	- STATE PROGRETIAN BUSSARD - DOCAL SECURITY NUMBER - SOCIAL SECURITY	1. DECERTIFICATE OF DEATH 1. DECEDENT'S MAME (Pist, Middle, Last) 1. DECEDENT'S MAME (Pist, Middle, Last) 1. DECEDENT'S MAME (Pist, Middle, Last) 2. CLARE OF DEATH 2. CLARE OF DEATH 2. CLARE OF DEATH 3. SEX 4. SOCIAL SECURITY NUMBER 5. SEX 5. SEX 5. SEX 5. SEX 5. SEX 5. SEX 6. AGE (In yrs. list bornday) 5. SEX 7. SE	1. STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. CLARENCE STARTZMAN BUSSARD 4. SOCIAL BECINITY NUMBER 200-16-2034 1/2 M2 P 85 VRB. 85 VRB. 85 VRB. 86. CITY. TOWN OR LOCATION OF DEATH MARYLAND MARYLA

PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i.

24a. WAS AN AUTOPSY PERFORMED? 1 - YES 2 NO

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 . YES 2 . NO

25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO 26. PLACE OF OEATH (Check only one) HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER:
4 | Nursing Home 5 | Realdence 6 | Other (Specify) 27. MANNER OF DEATH 28b. TIME OF INJURY

28e. DATE OF INJURY (Month, Day, Year) 5 Pending investigation

8 Could not be determined

28c. INJURY AT WORK?

28d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, term, street, tectory, office building, atc. (Specify)

1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, and due to the cause(e) end menner ea stated.

 $2 \ \square$ MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death 296. SIGNATURE AND TITLE OF CERTIFIER

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

29c. LICENSE NUMBER

29d. DATE SIGNED (Month, Day,

ABOUL V 31. DATE FILED (MORTH, Days) FEB 40 610 *1992

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	1 - FOR STATE REGISTRAR	STATE OF MAR	YLAND / DEPAR CERTIF	TMENT OF I	HEALTH AND		HYGIENE REG. NO.	92	06390
	1. DECEDENT'S NAME (First, Middle, Last)	ĻĒWIS	REMSBURG	BRIL	L	2. DATE OF MONTH	24-92	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS	7. DATE OF	BIRTH	8. BIRTHP	LACE (State or Foreign
	217-10-2854	1 🔀 M 2 🗆 F	95 YRS.	MONTHS DAYS	HOURS MIN.	(Month, L	21.189	Country)	BYLAND
-	9e. FACILITY NAME (If not institution, give s	treet end number)		9b. CITY, TOWN	OR LOCATION OF			OUNTY OF DEA	
DIRECTOR	RAVENWOOD LUTH	ERAN VILL	AGE	HAGE	RSTOWN		V	Vashi	ngton =
E C	10e. STATE 10b. COUNTY	r	10c. CITY	, TOWN OR LOCA	TION			Τ.	IN INSIDE CITY
	MARYLAND WASH	HINGTON	НАС	GERSTON				1	Od. INSIDE CITY LIMITS? XXYES 2 NO
FUNERAL	1184 LUTHER DE				21740			U.S	. A .
BY FU	11. MARITAL STATUS 1 Never Merried 2 Merried 3 X Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1V YOU IF YES, GIVE WAR OF	R IN U.S. ARMED ES 2 NO R DATES	If yes, sp	ENDENT OF HISP ecity Cuben, Mex 2 NO Spe	icen, Puerto Ric	Specify Yes or No— an, etc.)		– Americen Indian, White, etc.
		WW I							HITE
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	completed)	(Give kind of w	ork done during me	ON ost of working	16b. Ki	NO OF BUSINESS/II	NDUSTRY	
P	Elementary/Secondary (0-12)	College (1-4 or 5+)		ACCOUN	TANT	م ا	GAN MAN	HIEAC	THEED
COM	17. FATHER'S NAME (First, Middle, Last)		1 OHIZET	7100001			dle, Melden Sumame)		IUNEN
111	JAMES HEF	RBERT	BRILL		SUS		SHEPPAR		ULLUM
TO B	19a. INFORMANT'S NAME (Type/Print)						City or Town, Stete, 2		
	ARTHUR W. GAF								MD.21795
	20e. METHOD OF DISPOSITION 1 V Burlai 2 Cremation 3 Remote 4 Donation 5 Other (Specify)		BAKERSVILL	nor placel			20c. LOCATION -		
	21. SIGNATURE OF FUNERAL SERVICE LIC		DAKERSVILL		ERY 02-2		IBAKERSV	ILLE,	WASH.,MD.
		Brady	_	ANDREV	W K. COF	FMAN F	UNERAL H	MM MD	NC.= 21740
	23. PART I. Enter the diseases, proshock, priheart fellure, i immediate cause (Finel disease prophditipn	List Dnly Dne cause of	asch line.	ot enter the mo	de of dying, a	ich as cerdiae	or respiratory a	rrest,	Approximate interval Batween Onset and Death
	resulting in death)	Adenocar	CINOMA O		Prosta	te			3-4 Yrs.
NO	Sequentially list conditions,	DUE TO (OR A)	S A CONSEQUENCE OF						
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	332 10 (0.17)	on consequence or						
F	CAUSE (Disease or injury that initiated events	DUE TO (OR A	S A CONSEQUENCE OF	:					<u> </u>
ERI	resulting in death) LAST	1							
	PART II. Other eignificant conditions	s contributing to death	but not resulting in	the underlying	cause given i	n Part I. 24	A WAS AN AUTOPSY	/ 245 W	ERE AUTOPSY FINDINGS
MEDICA				,			PERFORMED?	A	MAILABLE PRIOR TO DMPLETION OF CAUSE
Ä						'	☐ TES 2 LALNO		F DEATH?
ä									_ TES 2 _ NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE DF OEATH (C	Check only one)			
PHYSICIAN:	1 TYES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 I ER/O	utpatient 3 DOA	OTHER: 	e 5 ☐ Residence	8 Other (S	pecify)		
	1 Naturel 5 Pending	28a. DATE OF INJUR (Month, Day, Year		RY WO	RK?	28d. DEŞCR	BE HOW INJURY OF	CCURED	
BY	2 Accident Investigation 3 Suicide & Could not be	28e, PLACE OF INJU	RY — Al home, larm, st		ES 2 NO	201 1 00471	24.00		
E	4 Homicide 8 Could not be	building, etc. (S	pecify)	reat, rectory, orner		City or T	ON (Street and Number jown, State)	er or Hural Rou	te Number,
COMPLET	29a. CERTIFIER 1 X CERTIFYING PHYSIC	CIAN: To the best of my kn	owledge death occurre	at the time dis-	and other and the				
JWC	(Check only one) 2 MEDICAL EXAMINER	R: On the beat of examine	tion and/or investigation	, in my opinion, de	with piece, and de eath occured at the	e lime, date en	n) end manner ea st i place, end due in i	sted. The cause(s) a	nd manner as eleted
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE N				11/2001-01/100
) BE		DiHore	20	,	DO 106			b. 24	onth, Day, Year)
임	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, I	Print)					, 1772

Edward W. Ditto, III, M.D., 217 West Washington Street, Hagerstown, Maryland 21740

32. REGISTRAR'S SIGNATURE

whi Sanden Rudal

FEB 28 1992

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	0	sician.	by the funeral director name 5 should be detached for use as the hurial branch name.
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	BALTIMORE, MARYLAND 21215-0020	leath. Page 6 may be retained by the hospital or al	5 shoul
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CALL THE CAL	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attent	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the atter	be filed within 72 hours after death with the State Dept. of Health and Mental	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

				CERTIF	ICATE	OF	DEAT	Ή		REG. NO).		
Chester Alb		BOWARD							2. DATE	OF DEATH	AY 2	YEAR 2	3. TIME OF DEATH
4. SOCIAL SECURITY NUM 220-16-1485		5. SEX 1 X M 2 F	114000 1140	66 YRS.	IF UNDER	1 YEAR DAYS	IF UNDER :	MIN.	/Mon	of BIFTH	926	Counti	IPLACE (State or Foreign
9a. FACILITY NAME (If not	nstitution, give st	treet and number)			9b. CITY,	TOWN O	R LOCATIO	N OF DE			_	NTY OF D	
Washington	County	Hospita	1]	Hage	rsto	wn		1	Was	hing	ton
10a. STATE	106. COUNTY	,		10c. CIT	Y, TOWN O	R LOCAT	ON			- 1			10d. IHSIDE CITY
Maryland	Washi	ngton		На	gers	town							LIMITS?
10e. STREET AND NUMBER						10f.	ZIP CODE				10g. CITI	ZEN OF V	WHAT COUNTRY?
17716 Timbe	rlane			12000			217					USA	
1 Never Merried 2 2 3 Widowed 4 Div			YES 2	□NO	H	yes, spe	NDENT OF cify Cuben 2 X NO	, Mexica	n, Puerto	N? (Specify Ye Rican, etc.)	s or No-	Speci Whi	*
	CEDENT'S EDUC		16a.	DECEDENT'S	USUAL OC	CUPATIO	H t of working	,	164	b. KIND OF BU	ISINESS/IHD		
Elementary/Secondary (0-12)	College (1-4 or 5	+)	life. Do NOT us	se retired.)			,					
12 17. FATHER'S NAME (First, I	Aiddle, Last)	0		techn	iclai	.1	18 MOTH	EDIG NA	ME /FI-	resea		nst1	tute
Harry Edgar		d								Mille			
19a. INFORMANT'S HAME				19b. MAILIHG	ADDRESS	(Street ar	_			iber, City or Tov		Code)	
Catherine B	oward			17716	Timl	oer1	ane,	Hag	erst	own,	Md. 2	1740	
20a. METHOD OF DISPOSI M Burlal 2 Cremati 4 Donation 5 Other	on 3 🗆 Remo	oval from State	20b. PLA cerretary Ced	CE AND DATE (of disposi ther place) n Met	nori	al Pa	ark	3-4		gerst		wn, State Maryland
21. SIGNATURE OF FUNER	AL SERVICE LIC	EHSEE	- 2				H FUI						
1,90	out	000	me	ell.							oerst.	οwn .	Md. 21740
Sequentially list conditions, leading to imme cause. Enter UNDERLY CAUSE (Disease or injust initiated events resulting in death) LA:	ing of	DUE TO	(OR AS A COH			mell	ce!	7/ 4	Lun	lance	-		2 years
PART II. Other signification	ant conditions	contributing to	deeth but no	ot resulting	In the unc	derlyIng	cause gi	ven in	Part I.	24e, WAS AN PERFO	RMED?	24b.	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED 1	O MEDICAL						CE OF DE	ATH (Che	ock only o	ne)			
1 - YES 2 -40		HOSPITAL:				ing Home	5 🗆 Res	idence	s 🗆 Othe	F (Specify)			
27. MANHER OF DEATH 1 Hatural 5 2 Accident	Pending Investigation	28a. DATE OF (Month, D		28b, TIM INJ	E OF URY M	28c. INJU WOF		NO	28d. DE	SCRIBE HOW	INJURY OCC	URED	
2 0 0 1 14	Could not be determined	28a. PLACE O building,	F IHJURY — At atc. (Specify)	t home, ferm, s	street, facto	ry, office				ATIOH (Street or Town, State,		or Rural R	loute Number,
		CIAN: To the best of R: On the bests of e) end menner as atsted,
29b. SIGHATURE AHD TITLE	OF CERTIFIER	, ,					29c. LICER				29d. DATE	SIGNED	(Month, Day, Year)
Michael	9. 9	melon	ul				DL	116	67			3.2	57
													1 -
30. HAME AND ADDRESS O	T.	Mcla				9	Ho we	11	Ro	ad	Hzsi	erste	wn, 40 21

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depotence of

	1. DECEDENT'S NAME (First, Middle, La. Margaret Wassn	*	NER					MONTH	h 1, 1	992	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. lest to 7.0	birthday) IF UND	ER 1 YEAR DAYS	IF UNDER :	4 HRS.	7. DATE ((Month)	OF BIRTH Day: Year)		Count	IPLACE (State or Foreign
	213-16-1465 9a. FACILITY NAME (If not institution, gh		70	10.041	TY. TOWN	OR LOCATIO	N OF D		ch 19,	9c. COUN		eryland
DR	11317 Rock Hil					ersto						ngton
5	RESIDENCE OF DECEDENT			10c, CITY, TOWN					-			10d, INSIDE CITY
AL DIRECTOR		shington			rsto					10a CITI	ZEN OF I	1 YES 2 X NO
ERA	11317 Rock Hil	l Road			-		740			109. 011.		SA
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDE FORCES?	NT EVER IN U.S. ARM 1 X YES 2 NO WAR OR DATES		If yes, sp		HISPA Maxic	en, Puerto R	? (Specify Yes dican, etc.)	or No-	14. RACI Blac Spec	E — American Indian, k, White, etc.
ETED	15. DECEDENT'S E (Specify only highest gr	DUCATION ade completed)	16a. DECI	EDENT'S USUAL a kind of work don Do NOT use retired	e during mo	ON ost of working		16b.	KIND OF BUS	INESS/IND	USTRY	
	Elementery/Secondary (0-12)	College (1-4 or 5	(+)	homemak								
COMPL	17. FATHER'S NAME (First, Middle, Last)					18. MOTH	ER'S N	AME (First, N	fiddle, Maiden S	Surname)	10	
BE C	James Henry Fi	nfrock				M	ary	1and	Kather	ine	Weeks	sner
TO E	19a. INFORMANT'S NAME (Type/Print)		2000	MAILING ADDRE		and Number	or Aural	Route Numb	er, City or Town	, State, Zip	Code)	
	Harry W. Bumga	rner		11317 R				, Hag		on, M		
	1 😾 Burial 2 🗆 Cremetion 3 🗆 R 4 🗎 Donetion 5 🗀 Other (Specify)	emoval from State	other plac				nory or					Maryland
-					1/4					MAYC	+ OTT	MA 217/4
	23. PART I. Enter the diseecea, ahock, or heart fellul iMMEDIATE CAUSE (Final disease or condition resulting in death)	e. List only one ce	et caused the deepuse on each line.	th. Do not ent	er the mo	ode of dylr	ig, su	ch aa card		ratory arr		Approximate Interval Between
SERTIFICATION	ahock, or heart fellul IMMEDIATE CAUSE (Final disease or condition	a. Due To	ouse on each line.	JENCE OF):	er the mo	ode of dylr	ig, su	ch aa card	lac or reapir	ratory arr		Approximate Interval Between Onset and Death
: MEDICAL CE	ahock, or heart feilur iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if erry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO	O (OR AS A CONSEQUED O (OR AS	JENCE OF): JENCE OF): JENCE OF): Suiting in the	er the mo	Luf	ng, sud	ch as card	lac or reapir	AUTOPSY MED?	eat,	Approximate Interval Between
AN: MEDICAL CE	ahock, or heart fellur immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions.	a. DUE TO DUE TO DUE TO DUE TO DUE TO HOSPITAL:	O (OR AS A CONSECU- O (OR AS A CONSECU- O (OR AS A CONSECU- O (OR AS A CONSECU- O deeth but not re-	JENCE OF): JENCE OF): JENCE OF): Suiting in the	underlyin	g cause g) SLL	n Part I.	24a. WAS AN. PERFORI	AUTOPSY MED?	eat,	Approximate Interval Between Onset and Death State of Death State
YSICIAN: MEDICAL CE	ahock, or heart fellur iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions of the conditions of the conditions of the cause. The cause of the cause o	a. DUE TO b. DUE TO c. DUE TO d. IONE CONTRIBUTING to HOSPITAL: 1 Inpettant 2	D (OR AS A CONSEQUENT OF INJURY	JENCE OF): JENCE OF): JENCE OF): JENCE OF): JENCE OF): JENCE OF): JENCE OF): JENCE OF): JENCE OF):	underlyin	g cause g) SLL	n Part I.	24a. WAS AN. PERFORI	AUTOPSY MED?	24t	Approximate Interval Between Onset and Deatl > 8 Lu
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TED BY PHYSICIAN: MEDICAL CE	ahock, or heart fellur IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if erry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant condit 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Netural 8 Pending investigation 29. CERTIFIER (Check only) CERTIFYING Ph	a. DUE TO b. DUE TO c. DUE TO d. HOSPITAL: 1 Inpettant 2 28e. DATE be 28e. PLACE building	O (OR AS A CONSEOL O (OR AS A CO	JENCE OF): JENCE	underlyin 28. P ER: ursing Hor 28c. IN. ectory, office	g cause g	iven in ATH (C)	heck only on B Other 28d. DES	24a. WAS AN PERFORI 1 VES 2 Tricon (Street a or Town, State)	AUTOPSY MED? NO NJURY OCC	24t CUREO or Rural	Approximate Interval Between Onset and Deati > 8 L
ED BY PHYSICIAN: MEDICAL CE	ahock, or heart fellur IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if erry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant condit 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Netural 8 Pending investigation 29. CERTIFIER (Check only) CERTIFYING Ph	a. DUE TO b. DUE TO c. DUE TO d. Ione contributing to HOSPITAL: 1 Inpetiant 2 28a. DATE O (Month, on 28a. PLACE building YSICIAN: To the best of	O (OR AS A CONSEOL O (OR AS A CO	JENCE OF): JENCE	underlyin 28. P ER: ursing Hor 28c. IN. ectory, office	g cause g	In the state of th	heck only on B Other 28f. LOC. City on a to the cause time, deta	24a. WAS AN PERFORI 1 VES 2 Tricon (Street a or Town, State) Town, State)	AUTOPSY MED? NO NJURY OCC NUMBER A State of due to the	24t CURED or Rural ted.	Approximate Interval Between Onset and Death > 8 L were autopsy Findings Available Priors To Completion of Cause of Death? 1 Yes 2 No

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020	physician.	burial-transit permits
ND 21215-0	nospital or attending	ched for use as the
, MARYLA	be retained by the !	ge 5 should be deta
BALTIMORE, MARYLAND 21215-0020	ifter death. Page 6 may be retained by the hospital or attending physician.	y the funeral director, page 5 should be detached for use as the burial-transit permit nature noval.

TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending ph	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bube filled within 72 hours after cheath with the State Dent, or Health and Mental Hypiene prior to hurrial commandon or removal	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH												3. TIME OF DEATH			
	Roswe	ell Cla	arence B	olstad					- 1	MONTH	DAY		992	8 Pu		
- 4	4. SOCIAL SECURITY NUME		5. SEX		last birthday)	IF UNDER	I I YEAR	IE IIMOE	R 24 MRS.	7. DATE OF	14	/	-	IPLACE (State or Foreign		
	564-54-0842	,	1 M 2 F	89	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Di	ay, Year)		Count	y)		
	9a. FACILITY NAME (If not in		27	09	9b. CITY, TOWN OR LOCATION OF				ION OF DE				nesota			
œ	. 1	CENTER GAITHERS														
DIRECTOR	RESIDENCE OF DEC	CEN	IEK	SA		IEK.	SBL	IKG		[10]	NTG	OMERY				
ZE I	10a. STATE	10c. CIT	Y, TOWN	OR LOCA	TION				_		10d. INSIDE CITY					
	Washington	Spoka	ane		Spe	okan	9					LIMITS?				
A	10e. STREET AND NUMBER					516411	-	of. ZIP COD	E		T	10g. CIT	IZEN OF V	WHAT COUNTRY?		
EB	N. 15612 Ti	mberwo	od Court	t I				992	NΩ			T7				
FUNERAL	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S.	ARMED	13.	WAS DE	CENDENT (OF HISPANI	C ORIGIN? (S	Specify Yes	or No		States - American Indian.		
BY F	1 Never Married 2 3 Never Married 2 Divo		IF YES, GIVE V	X YES 2	2 NO If yes, specify Cuban, Maxican, ISS 1 YES 2 NO Specify:				, Puerto Rica	n, atc.)		Speci	, White, atc.			
	34717Audomed 4 Divo	rced	1927-19	957									Opac.	White		
E	15. DEC	EDENT'S EDUC	CATION completed)	18a.	DECEDENT'S	USUAL O	CCUPATI	ION	00	16b. KIP	ND OF BUSI	NESS/INC	DUSTRY	STRY		
E	Elementary/Secondary (0	-12)	College (1-4 or 5	+)	life. Do NOT us	e retired.)										
₹ I			4		Captain					N.O	.A.A.					
COMPLETED	17. FATHER'S NAME (First, Mi							18. MOT	HER'S NAM	IE (First, Midd	lle, Maiden S	iumame)	-			
BE	Eli Bolstad							Mi	nnie	Feath	ersto	one				
2	19a. INFORMANT'S NAME (7)				19b. MAILING	AOORES	S (Street	and Numbe	r or Rural R	oute Number, (City or Town,	State, Zip.	Code)			
	Audrey Lary				806 I	unbi	ook	e Co	urt,	Frede	rick,	Mai	rylar	nd 21701		
	20a. METHOD OF DISPOSITI 1 □ Burlei 2 [X Crematio	ON n 3 □ Remo	val from Stale	20b. PLA	CEAND OATE O	F DISPOS	ITION (N	lame of 2	/21/9	2 OATE	20c. LOC.					
	4 Donation 5 Other	(Specify)			gomery	Cre	emat	oriu	n. Tn	e.	Beth	esda	a, Ma	ryland		
	21. SIGNATURE DE FUNERAL	SERVICE LICE	ENSEE			22.	NAME A	ND AOORE	SS OF FAC	LITYRob	ert A	. Pı	ımphı	rey Funeral 7557		
	1 Alaui	dC.	UM	11.	M00803	Wi	me/	nein	esda-	Cnevy	Chas	e,]	inc.	7557 land 20814		
	23. PART I. Enter the di	seases, or co	ompilcationa the	t caused the	death. Do n	ot enter	the me	ode of dy	ing, such	as cardiac	Dr reapir	atory an	Mary	Approximate		
	stiock, of the	art lallure. L	lst only one cau	iae on eech i	ine.									interval Between		
- 1	IMMEDIATE CAUSE (Finel disease or condition											Onset and Death				
	resulting in death) a. Lerobral Incombosis Imo												IMO			
z	Sequentielly list conditions, Due TO (OR AS A CONSEQUENCE OF): Lycer, Due TO (OR AS A CONSEQUENCE OF): 1 year,												Luca			
CERTIFICATION	Sequantielly list conditi- if any, leading to immed		DUE TO	(OR AS A CON	SEQUENCE OF):	05	901	0310					i guer.		
3	cause. Enter UNDERLY!! CAUSE (Disease or Injur	NG	-													
밀베	that initieted events		DUE TO	(OR AS A CON	SEQUENCE OF):						-				
	resulting in death) LAST															
18	PART II. Other significan	nt conditions	contributing to	death but no	e sociales i	m Alba a sa	al - state									
EDICAL	Done Ladi		1 CINO		r reauting i	n the un	deriyin	g ceuse (given in P	art 1. 24a	PERFORM		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
	1031011	C	II CINIOI	na	-				_	_ 10	YES 2	NO		COMPLETION OF CAUSE OF DEATH?		
Σ										_				1 TYES 2 NO		
A N	25. WAS CASE REFERRED TO	MEGICAL T														
PHYSICIAN:	EXAMINER?	9911	HOSPITAL:			OTHER		LACE OF O	EATH (Chec	k only one)	-					
₹	1 YES 2 NO		1 Inpatient 2			4 Nun	ing Hon			Other (Sp						
		Pending	28e. DATE OF (Month, D		28b. TIME INJ		WC	DRK?		28d. DESCRIE	BE HOW INJ	JURY OCC	CURED			
B	a Charles	nvestigation	28e BLACE O	E IN HIPM AL				YES 2								
ETED		Could not be	building,	F INJURY — AI etc. (Specify)	nome, tarm, s	treet, facto	ory, offic	a		28f. LOCATIO City or To	N (Street and wn, State)	d Number	or Rural A	oute Number,		
. I	29a. CERTIFIER															
<u> </u>	(Check only	FYING PHYSIC	IAN: To the best of	my knowledge,	death occurre	d at the II	me, data	and place.	and due le	the cause(a) and mann	er as atat	ed.			
COMPL	2 MEDIC	CAL EXAMINER	On the beals of a	ramination and/	or Investigation	n, in my o	pinion, d	leath occur	ed at the II	me, data and	place, and	due to th	a cause(a)	and manner as stated.		
w L	29h SIGNATURE AND THE	OF CERTIFIER	2/1					29c. LICE	NSE NUME	ER		29d. DATI	E SIGNEO	(Month, Day, Year)		
0		thens	OVV	202		mD	>	0	723)		15	2-2	0-97		
	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	E OF DEATH (I	TEM 27) (Type,	Print)				-			- CC			
	James K.	Me	2000 Ja	cm.	207	Br	anl	125	And	, C	with	pre	/211-	md 2087		
	31. DATE FILED (Month, Day, Y		32 REGISTER	N'S SCHATUS	9-118L		-		- 0		VV. []	0	0	7		
	FEB 24 'S	92	0		-											

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WILLSON HEALTH ONLY CENTER CANTHERS FORCE TO THE LAST

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Page	direc	19r m
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hor	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach	be med whith: (2 hours stier ceal, with the Sale Debt, to result and mental reygene print, to build, defined, or principal. IMPORTANT: If them 28 is marked, or from 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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ATTE	ECTO	T 28
AL OR	AL DIF	1 1101
OSPIT	UNER	be lied white (2 hours after dealt with the State Debt. or regult and wellar hyperic prof to build, definition, or removal. IMPORTANT. If flow 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical ex
프	THE FI	PORT
2	2	E E

	1 - STATE REGISTRAR		SIAIL OF N	CE		ICATE (REG. NO			
	1. DECEDENT'S NAME (First, ELISE	Middle, Last)	BROW	,					2. DATE OF DEATH	AY G	YEAR	3. TIME OF DEATH 520 P M
	4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER 1 Y		R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTH	IPLACE (State or Foreign
	579-05-8598		1 M 2 XF	72	72 YRS. MONTHS DAYS HOURS MIN.				8/9/1919		WASH	INGTON, D.C.
	9a. FACILITY NAME (If not ins	stitution, give	street and number)			9b. CITY, TO	MN OR LOCAT	ION OF DE	EATN	9c. COL	UNTY OF D	EATH
0	HEBREW HOME		EATER WAS	HINGTON		ROC	KVILLE			MO	NTGON	MERY
DIRECTOR	RESIDENCE OF DEC	10b. COUNT	ſΥ		10c. CITY, TOWN OR LOCATION							10d. INSIDE CITY
E C	MARYLAND	MON	TGOMERY		ROCKVILLE							LIMITS?
AL	10e. STREET AND NUMBER	11011	TOOTHIKE			ROOKVI	101. ZIP COD	Ε		10g. CI1	TIZEN OF Y	WHAT COUNTRY?
ER	6121 MONTROS	E ROA	D				2085	2		US	Δ	
FUNERAL	11. MARITAL STATUS		12. WAS DECEDEN				DECENDENT	OF HISPAN	IC ORIGIN? (Specify Ye		14. RACE	E — American Indian,
BY F	1 Never Married 2 3 Widowed 4 X Divor		FORCES? 1 IF YES, GIVE W		0		YES 2 X NO		n, Puerto Rican, etc.) /:		Speci	
		EDENT'S EDI	I CATION	44. 850							A Company	WHITE
ETE	(Specify only Elementary/Secondary (0-	highest grad	le completed)	(GA	re kind of	USUAL OCCU work done durir ise retired.)		ing	16b. KIND OF BU	SINESS/IN	DUSTRY	
7	12	-12)	College (1-4 or 5+	,	SE	CRETAR	7		SECRE	ETARI	AL	
COMPLETED	17. FATNER'S NAME (First, Mi	ddle, Lest)			-	JILLIA	-	HER'S NA	ME (First, Middle, Malden			
BE C	ERNEST	LIV	INGSTON				ES	STHER	(UNKNO	(NWC		
9	19a. INFORMANT'S NAME (Ty	pe/Print)		196.	MAILING	ADDRESS (St	eet and Numbe	r or Rural I	Route Number, City or Tow	m, State, Zi	ip Code)	
	KATE PARKER		. SUPERVI	SOR) 61	21 1	MONTRO	SE ROA	D, R	OCKVILLE,	MD	20852	2
	20s. METHOD OF DISPOSITION 1 K Burlel 2 Cresistion	n 3 🗆 Ren	noval from State A	cemetery cren	natory or o	OF DISPOSITIO					- City or To	
	21. SIGNATURE OF FUNERAL		ceuses A	CHESEI	SH	EL EMM	ES CEM		7 2/24 WAS	HING	TON,	D.C.
	· M		FL						DBERG MEMO	RIAL	CHAI	PELS, INC.
_	10/0	KL	m./~	use		117	ROCK	VILL	E PIKE, RO	CKVI	LLE,	MD 20852
	23. PART I. Enter the disappek, or he IMMEDIATE CAUSE (Findisease or condition resulting in death)	art gayure.	a. SE/	PS/S			mode of dy	ring, suc	h ss csrdiac or resp	Iratory si	reat,	Approximate interval Between Onset and Death
_		-		OR AS A CONSEO			ELLI	T 11	(
CERTIFICATION	Sequentially list condition if any, leading to immediate			OR AS A CONSEQ		f): ()	LICI	14	_>			-
3	cause. Enter UNDERLYII CAUSE (Disease or injur	VG	· SE	IERE		PEI	UPHI	EKA	L VASC	LAN	6	
	that initiated events resulting in death) LAST		DUE TO	OR AS A CONSEO	UENCE O	E;	- 11		DI	SEA	ISE	
H			d. DEU	EILE	1-	IEM	EIVT	IA				1
	PART II. Other significan	nt conditio	ns contributing to	death but not re	sulting	in the under	ying ceuse	given in	Part I. 24s. WAS AN		24b.	WERE AUTOPSY FINDINGS
DICAL									PERFOR			AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ME										(-		1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHER:	B. PLACE OF D	DEATH (C/H	ack only one)			
ΙΥS	1 TYES 2 NO		1 Inpatient 2			4 Nursing		asidence	6 Other (Specify)			
	27. MANNER OF DEATH 1 Netural 5 F	Pending	28a. DATE OF (Month, Da		28b. TIM	JURY	INJURY AT WORK?	ا	28d. DESCRIBE HOW I	NJURY OC	CURED	
BY	0 0 0 1 1 1	nvestigation	28s. PLACE OF	INJURY — At hon	ne farm		YES 2	_ NO	26f. LOCATION (Street	and Mumba	or Orani S	Parish Africana
COMPLETED		Could not be letermined	building,	etc. (Specify)	,	otroot, factory,	orne		City or Town, State)	and Numbe	r or Huraii H	toute number,
E	290. CERTIFIER 1 CERTI	FYING PHYS	SICIAN: To the heat of	mu knowledge dee	th name	ad at the stars	data and at-		to the cause(a) and mar			
OMF									time, date and place, an) and manner as stated.
E C	29b. SIGNATURE AND TITLE						200 110	ENSE NUM				(Month, Day, Year)
0	Merlyn	Ne	myn	us p	HY	SICIA	ND	35	791	> ,	2/2	3/92
5	30. NAME AND ADDRESS OF M. VEMU	PERSON WI	O COMPLETED CAUS	BREN	27) (Type	1-101	IE.	RO	CKUILLE	9 ,	M	0
	31. DATE FILED (Month, Day,)		2 REGISTRAL	SIGNATURE	18							
	FFR 25 '9'	2	Juna vie	1	-							

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the law requires that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HEGISTHAR		U	EHIIF	ICALE	: OF	DEATH		REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)	*						2. DATE OF	DA	NY .	YEAR	3. TIME OF DEATH
IVONNE C.			igale				Feb		, 19	92	8:25 P
579-90-7684	5. SEX	6. AGE (In yrs. les	t birthday) YRS.	IF UNDER	1 YEAR	HOURS MIN.	7. DATE OF Month, D. Apri	BIRTH ay. Your)	000	8. BIRTHI	PLACE (State or Foreign razil
9a. FACILITY NAME (If not institution, give :			1110.					1 0,1			
	street and number)					OR LOCATION OF O	EATH		20,000	ITY OF OE	
Fernwood House				Be	thes	sda			Montgomery		
10a. STATE 10b. COUNT				Y, TOWN O		TION					10d. INSIDE CITY
	gomery		Ве	thes	da				LIMITS?		
10e. STREET AND NUMBER 7603 Elmore Lai 11. MARITAL STATUS	ne				10f. ZIP CODE 20817					ZEN OF W	HAT COUNTRY?
3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 2	YES 2 NO			13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify eas, specify Cuban, Mexicon, Puerto Rican, at 1 VES 2 X NO Specify:			or No-	Black,	- American Indian, White, etc. White
15. DECEOENT'S EDU (Specify only highest grade Etementery/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last)				USUAL OC			16b. Ktl	ND OF BUS	INESS/IND	USTRY	
Etementery/Secondary (0-12)	College (1-4 or 5 +	Man	(Give kind of work done during mo- life. Do NOT use retired.)			ing most of working					
ž .	4	Ho	omema	ker			(Own F	lome		
17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NA	ME (First, Midd	lle, Maiden	Surname)		
Domingos Comegr	ıa						a Bast		_		
196. INFORMANT'S NAME (Type/Print)						nd Number or Rural			, State, Zip	Code)	
Dario Bragale			7603 Elmore La., Bethesda, MD 2081						17		
20e. METHOD OF DISPOSITION 1XXBurlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)		20b. PLACE / cometery, cre	matory of or	Heav	tion(Na	Cemetery	2/24	20c. LOC Sil	cation — city or town, state Liver Spring, MD		
21. SIGNATURE OF FUNERAL SERVICE LIC	DENSEE	, 0.				n Gawle					n,DC 20016
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a	tatic a			nom	a of lun	g				Onaet and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	If any, leading to Immediate cause. Entar UNDERLYING CAUSE (Disease or Injury										
resulting in death) LAST	d										
	e contributing to	death but not re	eaulting i	n the un	dariying	g causa given in	Part I. 24	. WAS AN	N AUTOPSY 24b. WERE AUTOPSY FINDING		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 The State of Death							_ 1 (YES 2			AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF DEATH (Ch	ack only one)				
EXAMINER?	HOSPITAL:	ER/Outpatient 3	DOA	OTHER		5 Residence					
27. MANNER OF DEATH	28e, DATE OF	INJURY	28b. TIM	E OF	28c. INJ	URY AT	28d. DESCRI	-	JURY OCC	URED	
rending 5 Pending	(Month, Da	iy, Year)	INJ	URY M	1 Y	RK? 'ES 2 NO					
3 Suictde 8 Could not be 4 Homicide determined	28e. PLACE Of building, o	ne, ferm, s	treet, facto			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				ute Number,	
290. CERTIFIER 1 CERTIFYING PHYSI One) 2 MEDICAL EXAMINE	CIAN: To the beat of a	my knowledge, der	nth occurre	d at the fir	ne, date	end place, end due	To the cause(e) end meni	ner ee state	d.	
20h SIGNATURE AND TITLE OF GERTIEUE			ive strigation	ii, ui my op	umon, o			place, end	due to the	ceuse(e)	end menner as stated.
L. alsed	mD						1210				Month, Dey, Year) 0-92.
30. NAME AND ADDRESS OF PERSON WHO Loreto S. Albiol	, M.D., 8	3218 Wis	cons		ле.,	Bethesd	a, MD	208			
31. DATE FILED (MONTH, Day, Year) FFR 24 92	32 PHICHET I	A SHAMME OF	od a se	-					-		

BE COMPLETED BY FUNERAL DIRECTOR

5

IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

2

BALTIMORE, MARYLAND 21215-0020

500		Name and						92	06396
1 - STATE REGISTRAR		STATE OF N				HEALTH AND	MENTAL HYGIEN REG. NO.	E	0000
1. DECEDENT'S NAME (First	ret	Margar		-	eth Br		2. DATE OF DEATH MONTH 202	76-872	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 216-12-44	05	5. SEX 1 ☐ M 2 🄀 F	8. AGE (In yrs. I		IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF BIRTH (Month, Day, Year) 02-13-1	Cor	THPLACE (State or Foreign intry) Laryland
9a. FACILITY NAME (If not in Holy Cros	s Hos	Entra File				er Spri		9c. COUNTY OF	GOMERY
10a. STATE Maryland	10b. COUNT	tgomery	,		y, TOWN OR LO	Spring			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
100. STREET AND NUMBER	ersit	y Blvd.	West			10f. ZIP CODE	902	10g. CITIZEN O	F WHAT COUNTRY? USA
11. MARITAL STATUS 1 Never Married 2 3 Divo	Married	12. WAS DECEDEN	T EVER IN U.S. A	ARMED	13. WAS D	ECENDENT OF HISPAI specify Cuban, Maxica ES 2 NO Specifi		Bi	ACE — American Indian, ack, White, atc. ec/ly: Black
15. DEC (Specify only Elementary/Secondary (C 7th	EDENT'S EDU y highest grade 1-12)	CATION completed) College (1-4 or 8 s		(Give kind of the Do NOT us	USUAL OCCUPA work done during se retired.) Sewife		16b. KIND OF BUS	SINESS/INDUSTRY	
17. FATHER'S NAME (First, M. Samuel T.		n					ME (First, Middle, Maiden ter M. Fu		
19a. INFORMANT'S NAME (7) Leonard T	,,,	own (Son					Route Number, City or Town		MD 20902 ver Spring
20a. METHOD OF DISPOSITI	n 3 🗆 Rem	oval from State	20b. PLACE cemetery. c ASN	FANDDATE	OF DISPOSITION	Neme of		CATION - CIty or	Town State
21. SIGNATURE OF FUNERAL	gel	l. Dh	our	leu	SN RO	OWDEN FU	JNERAL HO , MD 2085	ME, P.	
23. PART I. Enter the di ahock, or h IMMEDIATE CAUSE (Fin disease or condition resulting in death)	Tallure.	LIST ONLY ONE CRU	se on eech lir	16.	re/Sep		h as cardiac or reapi	retory arreat,	Approximate interval Between Onset and Daath
Sequentially list condition of the sequential sequential of the sequential se	dieta NG ry	a khd	OR AS A CONSI	Mal	CA	estinal T Mu	obstryct ets.	iona	
PART II. Other algnifica	nt condition	a contributing to	death but not	regulting i	n the underly	ing cause given in	Part I 24a WEG AN	AUTODEY	4b. WEDE ALTONAY CHINAIGA

WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? 1 | YES 2 | NO

1 YES 2 NO

EXAMINER?	NO MEDICAL	HO
7. MANNER OF DE 1 Netural 2 Accident	ATH 5 Pending investigation	
3 Suicide	8 Could not be	

SPITAL: Unpatient 2 ER/Outpatient 3 DOA 28a. DATE OF INJURY (Month, Day, Year)

OTHER: 5 - Residence 8 - Other (Specify) 28c. INJURY AT WORK? 28b. TIME OF INJURY

28d. DESCRIBE HOW INJURY OCCURED 2 ND 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, atc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State)

26. PLACE OF DEATH (Check only one)

29a. CERTIFIER
(Check only one)

A MEDICAL EXAMINED. On the best of my knowledge, death occurred at the time, data and placa, and due to the cause(a) and one)

2 MEDICAL EXAMINER: 29b. SIGNATURE AND TITLE OF CERTIFIER

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type,

4 Homicide

FFB 21 92

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL OHECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages is be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. 5

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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	Pa-	aral d	line	ı
	death	fune	Бхап	L
	after	y the	cal	H
	MUS	in b	ledi	L
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	te be	Sicia	tra	
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	ATT	RECTION SECTION	H 2	
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	PITA	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the full be filled within 72 hours after death with the State Dept, of Health and Mental Hydiene prior to burial, cremation, or removal.	T: If	
	S.	FUN WITH	TAN	
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	FOR		STATE OF I	JADVI AND	/ DEDA	Y	T 05 1					92	06397
	1 - STATE REGISTRAR		SIMIE UF I	C	ERTIF	ICAT	E OF	DEAT	AND I	WENTAL HYGIEI			
	1. DECEOENT,'S NAME (First,	Middle, Last)								2. DATE OF DEATH			3. TIME OF DEATH
1	Jav	~es	P	. 3	bal	e w	IN			MONTH	T T	YEAR	8:00
1	4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In yrs. Is		7	ER 1 YEAR	# UNDER	24 HRS.	7. DATE OF BIRTH		8. BIRTHP	LACE (State or Foreign
	233-62-6365	5	1 🖾 M 2 🗌 F	5	YRS.	MONTHS	DAYS	HOURS	MIN.	Oct. 19,	940	Country.	Virginia
4	9a. FACILITY NAME (If not in:	stitution, give str	eet and number)			9b. CIT	Y, TOWN (OR LOCATIO	ON OF DE		V	INTY OF DE	
e e	11628 Stewa	art Lar	ne #404			S	ilver	Spr	ing			tgome	
5	RESIDENCE OF DEC				_								-
DIRECTOR	10e. STATE	10b. COUNTY					OR LOCAT					- 1	10d. INSIDE CITY LIMITS?
	Maryland 100. STREET AND NUMBER	Mont	gomery		Sil	ver	Spri	ng					YES 2 NO
FUNERAL	109. CITIZEN OF WH. 11628 Stewart Lane #404 20904 United St												HAT COUNTRY?
핗	1	rt Lan						20904	4		Uni	ted S	tates
5	11. MARITAL STATUS 12. WAS DECEDENT_EVER IN U.S. ARMED 1 Never Married 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No) 14. RACE. — American Indian, Black, Whita, atc. 15. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No) 16. RACE. — American Indian, Black, Whita, atc.												
B	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: Specify:												
	15 DECI	EDENT'S EDUC	ATION	100								B1a	ck
COMPLETED	(Specify only	highest grade o	completed)		ECEDENT'S Give kind of a. Do NOT u	work done	during mo	ON st of workin	g	16b. KIND OF BL	ISINESS/INI	DUSTRY	
7	Elementary/Secondary (0-	-12)	College (1-4 or 5)	curi					Lorton	Dofo		
2	17. FATHER'S NAME (First, Mi	ddle, Lest)			Cull	Ly O	TITC			Lorton AE (First, Middle, Maider		rmato	ГУ
E C	James Baldw	rin								Valentine	Surname)		
0	19a. INFORMANT'S NAME (Ty			110	DE MAILING	ADDDES	O /Comple			oute Number, City or Tov			
2	Monica Bald									ace GAitl			MD 20070
	20a. METHOD OF DISPOSITION	ON		20b. PLACE		_			LELL				
	1 Burial 2 Commation 4 Donation 5 Other	n 3 🗌 Remo	vet from Stata	cametery, cr Subur	ematory or o	ther place	ator	me or 57		2/19 Sil		City or Tow	
	21. BIGHATURE OF FUNERAL		NSEE /	Dabai	Dan				S OF FAC	7/19/21	rver	Sprin	g, rid
	1 / Sun	, an	15 m							al Service			20012
	addison a second		1			7	400	Georg	gia A	Ave. N.W.	Wash	ingto	n, D.C.
	23. PART I. Enter the dis ahock, or he	seases, or co art failura. L	emplications that ist only one cau	t caused the di sa on each line	aath. Do : a.	not anta	r tha mo	da of dyli	ng, auch	as cardiac or reap	iratory an	reat,	Approximata interval Between
	iMMEDIATE CAUSE (Find disease or condition												Onset and Death
	resulting in death)	→ a.		Card	100	100	· cul	Low		Desen	~	Α.	
			DUE TO	(OR AS A CONSE	QUENCE O	F):							
NO NO	Sequentially list condition	ona, D.	Dur 70										
RTIFICATION	if any, leading to immed cause. Enter UNDERLYIF		DOF 10	(OR AS A CONSE	QUENCE O	F):							
윤	CAUSE (Disease or injur		OUF TO	OR AS A CONSE	OHENCE OF	D.							
Ē	that initiated eventa reaulting in death) LAST		302 10	(OII AO A COIIGE	GOLINCE O	1.							
핑		d.											
AL	PART II. Other significer	t conditiona	contributing to	daath but not	reaulting	in tha u	ndariying	cause g	ivan in F	Part i. 24a. WAS AN			VERE AUTOPSY FINGINGS
MEDICAL	Co	se pu	00000	relu	0-0	حرة	my			1 _ YES		0	MAILABLE PRIOR TO COMPLETION OF CAUSE
ME	the	Lung	rensen	~ .								1	F DEATH?
ä		10								_			0.100 10.10
SIA	25. WAS CASE REFERRED TO	-					26. PL	ACE OF DE	ATH (Chec	ck only one)	_		
SIC	EXAMPLER? YES 2 NO		HOSPITAL:	ER/Outpetlant 3	□ DOA	OTHE 4 Nu		30 Ans	ildenca 6	Other (Specify)	40		
PHYSICIAN:	27. MANNER OF DEATH		28s. OATE OF (Month, De		28b. TIM		28c. INJ	JRY AT	-	28d. OEŞCRIBE HOW	NJURY OC	CURED	
ВУ	1 Netural 5 P	ending restigation	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,, ,,	1100	M	1 U Y	ES 2	NO	AL.			
ED E	3 Suicida 6 C	ould not be	28a. PLACE Of	F INJURY — At he	me, farm, s	treet, fac	tory, office			281. LOCATION (Street	and Number	or Rural Roc	rte Number,
=		etarmined	- ununing,	(Spool)						City or Town, State)			
PLE	29a. CERTIFIER (Check only	FYING PHYSICI	AN: To the best of	my knowledge, de	ath occurs	d at the	time. date	and place	and due 4	o the cause(a) and mai	mer ee etc	ed.	
COMPLET	one) 2 MEDIC	AL EXAMINER	On the besis of sx	amination and/or	investigatio	n, in my	opinion, de	sth occure	d at the t	o the cause(a) and mai	d dus to th	ed. B causals) s	and menner as stated
	29b. SIGNATURE AND TITLE										-		
BE	del	_ (James -	has	he			29c. LICE		SYL			fonth, Day, Year)
2	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	E OF DEATH (ITE	M 27) (Tene	Orint)		2	~ 0 -	110		7-18	72

CAUSE OF DEATH (ITEM 27) (Type, Print)

N D 8 2 18 W/S GN SIN

10

A. REGIS TAP SIGNATURE

FEB 21 92



3. TIME OF DEATH

1. DECEDENT'S NAME (First, Middle, Last)

2 DATE OF DEATH

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BALTIMORE, MARYLAND 21203-3146

Bux 13146,

11:35 AM 60 Theodore Najeeb Balesh 7. DATE OF BIRTH (Month, Day, Year) 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 1 M 2 F 81 YRS. 115-03-8876 July 9, 1910 Arkansas 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Southern Maryland Hospital Clinton Prince George's RESIDENCE OF DECEDENT 10a, STATE 10c CITY YOWN OR LOCATION 10d. INSIDE CITY Maryland Montgomery Rockville 1 TES 2XXNO 10e. STREET AND NUMBER FUNERAL 101 ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4905 Dowlais Court 20853 United States borial-transit hospital or attending physician, ached for use as the burial-tran 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 12 YES 2 NO WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.)
 U YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2XXMarried IF YES, GIVE WAR OR DATES Specify: BY 3 Widowed 4 Divorced WW II White COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 18b. KIND OF BUSINESS/INDUSTRY (Spe Elementary/Secondary (0-12) Pension Benefits Advisor United States Government detached 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) be retained by the Najeeb E. Balesh 2 Ħ Adele Moutron BE phoots netified 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 2 page 5 a Adele L. Dillie 13556 Smallwood Lane, Chantilly, Virginia 22021 must be 20a. METHOD OF DISPOSITION
1 State Burial 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or 20c. LOCATION — City or Town, State death. Page 6 may 1 St Burial 2 Cremation 3 1 4 Donation 5 Other (Specify) funeral director, Gate of Heaven Cemetery Silver Spring, Maryland RODERT ADDRESS OF FACILITY RODERT Home/Rockville, Inc., 300 West Montgomery Avenue Rockville, Maryland 20850-2805 examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE M00846 filled in by the medical 23. PART I/ Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory srrest, shock, or heart failure. List only one cause on each line. Interval Between 6 Onset and Death IMMEDIATE CAUSE (Final event, the cremation. disease or condition Shock completely resulting in death) Hour executed within DUF TO (OR AS A CONSEQUENCE OF): burial. Severe Aspiration Pneumonitis with Hypoxemia other traumatic 2-3 Days CERTIFICATION and Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): Hygiene prior to If sny, leading to immediate cause. Enter UNDERLYING physician 2 certificate CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF). that initiated events attending resulting in desth) LAST 6 death c d by the atten injury. PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I, requires that the 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL Advanced Dementia with Inability to Swallow amy PLETION OF CAUSE signed I Health : 1 TES ZENO OF DEATH? shows a 1 YES 2 NO been 6 PHYSICIAN: has by Dept. law. S 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) E certificate h item HOSPITAL:
1 ☐ Inputient 2 ▼ ER/Outputient 3 ☐ DOA L DIRECTOR; After this certificate 2 hours after death with the State OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) 1 TES 2XXNO 6 28c. INJURY AT WORK? 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28d, DESCRIBE HOW INJURY OCCURED marked. 1 KKNetural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, facto building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 80 6 Could not be determined COMPLETED 4 | Homicide 28 Hem 29a. CERTIFIER

Chark and
CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(a) and manner as stated. HOSPITAL (FUNERAL D within 72 h TO THE HOSPITAL OF TO THE FUNERAL DE BE filed within 72 h 2 MEDICAL EXAMINER: On the besis of axamination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER md. BE February 18, 1992 223 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Old Fort Road, Ft Washington, Maryland 20744 Richard A. Farson, M.D., 12825 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Lulia Davidson 20 '92 della

P.0. DIVISION OF VITAL RECORDS,

FFR

DHMH-16 Rev 1/89

88574 Lb

FOR STATE REGISTRAR

EL

31. DATE PILED (Month, Day, Year)
FFB 20 '92

32. TEGISTRADIS SIGNATURE

	O O THANK IT IS		CATH	ERINE .	A. BOW	LES				2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH					
	4. SOCIAL SECURITY NUM		5. SEX	20WL						2		18	92	1932	
			1 M 2 X F		s. lest birthday)	IF UNDI	DAYS	HOURS	MIN.	(Month	OF BIRTH , Day, Year)		8. BIRTH Count	HPLACE (State or Foreign ry)	
	577-01-357(90. FACILITY NAME (# not it		- 44	77	YRS.						9,			hington, DO	
œ	Washingto			ocnita	7	9b. CIT	Y, TOWN						NTY OF D		
DIRECTOR	RESIDENCE OF DE		Incise Inc	ospita.	L		Так	oma 1	Park			1	iont	gomery	
1	10a. STATE	10b. COUNT			10c. CIT	Y, TOWN	OR LOCAT	TION						10d. INSIDE CITY	
	Maryland	Princ	ce George	s	Wes	t H	yatt	svil	Le					LIMITS?	
	10e. STREET AND NUMBER						101	ZIP COD				10g. CIT	ZEN OF V	WHAT COUNTRY?	
į	5902 Jame	stown						2	0782	2 USA					
LONERAL	11. MARITAL STATUS 1 Never Merried 2	Morried	12. WAS DECEDEN FORCES? 1	T EVER IN U.S	NO NO	13	MAS DEC	ENDENT C	OF HISPAI	NIC ORIGIN	RIGIN? (Specify Yes or No— 14. RACE — American in Black, White, etc.			- American Indian,	
	3XWidowed 4 Dive		IF YES, GIVE V	MAR OR DATES	X		1 TYES	2 X NO	Specif	rour, atta		Speci			
		EDENT'S EDU		184	DECEDENT'S	USUAL	OCCUPATIO	ON.							
	(Specify online Elementary/Secondary (I	y highest grade 3-12)	Coffege (1-4 or 5		(Give kind of work done during most of working life. Do NOT use retired.)						16b. KIND OF BUSINESS/INDUSTRY				
	1-12			T	elepho	ephone Operator						eleph	one	Co. DC	
	17. FATHER'S NAME (First, M	liddie, Last)				16. MOTHER'S NAME (First, Middle, M.						en Sumame)			
	Henry .	Allen	Deale							erine					
	190. INFORMANT'S NAME (19b. MAILING	ADDRES	S (Street e	nd Number	or Rural	Floute Numb	er, City or Ti	own, State, Zip	Code)					
	Mrs. Alice	3513 G	Greenly Street, Wheaton, Md. 20906												
20a_METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 28c, LOCATION — City of Town States											wn, State				
1	4 Donation 5 Other (Specify) Fort Lincoln Commetery 2-21-92 Brentwood, Md.														
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Hings / Pinaldi Funeral Home															
	Hines/Rinaldi Funeral Home											W1 0000/			
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, auch as cerdiac or respiratory arrest, Approximations, or heart feliure. List only one cause on each line.											Approximata			
	IMMEDIATE CAUSE (Fir	east lendle.	List only one csu	se on each	line.	20								Interval Batween Onset and Daat	
	disease or condition resulting in death)	→	n.	(151									10785	
			DUE TO	(OR AS A CON	SEQUENCE OF):								10/10	
	Sequentially list conditions, b.														
1	If any, leeding to imme	diate	DUE TO	(OF AS A CON	ISEOUENCE OF	NCE OF):									
	CAUSE (Disessa or Inju														
	that initiated events resulting in death) LAS	7	DUE 10	(OR AS A CON	ISEOUENCE OF	E OF):									
			f												
. 11	PART II. Other significe	nt condition	s contributing to	deeth but n	ot resulting is	the u	nderlying	cause g	iven in	Part I.	24a. WAS A	N AUTOPSY	24b.	WERE AUTOPSY FINDINGS	
	Corc	100 cm	a BRA	(217	, NO	TAI	rect	(ORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
		(1 TYES	2 1000		OF DEATH?	
										-				1 YES 2 NO	
	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL					26. PL	ACE OF DE	EATH (Che	eck only one)				
	1 YES 2 NO		1 9-Impatient 2	ER/Outpetien	3 🗆 DOA	OTHE	R:			8 Other					
	27. MANNER OF DEATH		28e. DATE OF (Month, De	INJURY W. Ward	28b. TIME	OF	28c. INJL	JRY AT				INJURY OCC	URED		
i		Pending nvestigation	(moran, Da	my, ready	INJU	M	1 U Y	ES 2	NO						
	3 Suicide 8	Could not be	28e. PLACE Of building.	F INJURY — A	t home, ferm, st	reet, fec	tory, office			28f. LOCA	TION (Street	end Number	or Rural R	oute Number,	
J	4 Homicide	determined		, , , , , , , , , , , , , , , , , , , ,						City of	Town, State	9)			
	290. CERTIFIER 1 CERT	FYING PHYSIC	CIAN: To the best of	my knowledge	, death occurre	s at the t	time, date	end place	and this	to the care	e(e) and m	enner en et-t-	4		
	(Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end menner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner as stated.														
	296. SIGNATURE AND TITLE						r				P. acel	-			
1	(1/		29c. LICENSE NUMBER 29d. DATE SIGNED (Month)							(Month-Day, Year)					
5 III	VA.	11111	1					1)	1,0)7/			1/11	114/	

BHIRAT

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

MD

6655 60

BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physician.	r filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Poton, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Po filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICAE

1 - STATE REGISTRAR		CI	ERTIFI	CATE (OF I	DEATH	MENIAL	REG. NO				
1. DECEDENT'S NAME (First, Middle, L.	nst)						2. DATE O	F DEATH	AY	YEAR	3. TIME OF DE	EATH
Mildred B	. Bake	r					Febru	_		1992	6:30	D M
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER 1 YE	EAR	IF UNDER 24 HRS.	7. DATE O		16.		IPLACE (State or	Forming
570-33-6011	1 🗌 M 2 😡 F	70	YRS.		_	HOURS MIN.	(Month,	Day, Year)		Countr	Y)	
578-32-6911	Λ	78	1113.				July	10,		_	th Car	olina
9e. FACILITY NAME (If not institution, g	ive street and number)			9b. CITY, TO	WN OR	LOCATION OF	DEATH		9c. COL	INTY OF D	EATH	
Suburban Hospi	tal			Bet	the	sda			Mo	ontgo	merv	
RESIDENCE OF DECEDENT												
Too. STATE	DINTY		10c. CITY	, TOWN OR L	OCATIO	ON					10d. INSIDE C	TY
Maryland M	ontgomery			Rockvi	111	e					1 X YES 2	☐ NO
10. STREET AND NUMBER					101.	ZIP CODE			10g. CIT	IZEN OF Y	VHAT COUNTRY	7
261 Congressi	onal Lane.	#519				20852			IIm.		States	
11. MARITAL STATUS	12. WAS DECEDEN		MED	12 WAS	DECE	NDENT OF HISP	ANIC ODIGINS	(Canally Va		Y	- American Ir	41
1 Never Married 2 Married	FORCES? 1	YES 2 XX		If yo	s, spec	ify Cuben, Mexic	can, Puerto Ric		8 OF 140—	Black	c, White, stc.	idian,
3 ☑ Widowed 4 ☐ Divorced	IF YES, GIVE W	AR OR DATES		10	YES 2	NO Spec	effy:			Speci	•	
45 9505755150		1		1						1	Whit	е
15. DECEDENT'S (Specify only highest g		(G	ive kind of w	OSUAL OCCUP Ork done durin	PATION of most	of working	16b. K	IND OF BU	SINESS/IN	DUSTRY		
Elementary/Secondary (0-12)	College (1-4 or 5	·) ///	Do NOT use	retired.)								
	4	Mar	Lib	rariar	1		Ar	my M	an Se	rvic	0	
17. FATHER'S NAME (First, Middle, Last)					_	18. MOTHER'S N				21 110		
George Br	uan					T 1 -	-		,			
19a, INFORMANT'S NAME (Type/Print)	yan	140				Lula		ith				
						d Number or Rura						
Michael B. Carp	enter	26	ol Con	ngress	sion	nal Lan	e, #11	3, R	ockvi	lle,	MD 2	0852
20e. METHOD OF DISPOSITION 1 St Burial 2 Cremellon 3 1	Samouri from State			F DISPOSITIO	N (Nam	e of	DATE	20c. LC	CATION -	City or To	wn, State	
4 Donation 5 Other (Specify)	Tellioval from State	F. T.		n Cem	e+o	2007	717/0	Dro	ntrio	A bo	Marylar	. a
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	M00381		22. NAM	E AND	ADDRESS OF F	ACILITY					ia
Larbara Jo W	2m. 10.	100303	1000	I Roh	eri	- A. Pi	mnhrev	Fun	eral	Home	/	
Marcara yo /1	1c/1/wwen	damin	nce	- ROC	KV.	ille, I e, Rock	nc. 3	OO W	est M	lontg	omery	O.F.
23. PART I. Enter the diseases,	or complications the	caused the de	eth. Do no	ot enter the	mode	e of dving, su	ch an cardie	c or reso	iratory ar	rest.	Approx	-
shock, or heart fellu	ire. List only one ceu	se on each line						о ст. тоср		1000		Between
IMMEDIATE CAUSE (Fine)	1	4.	0								Onset a	nd Death
disease or condition resulting in death)	. Con	Res - 0	2001	zeret	m	, as	1000				15	- /
	DUE TO	OR AS A CONSE	DUENCE OF):	-0							
	- OK	me	Hon	- 26	de	Cen					16	-
Sequentially list conditions,	DUE TO	ION AS A CONSE	QUENCE OF	TT	-	- 0000	2				1	~ ~
if any, leading to immediate cause. Enter UNDERLYING	A	211		U							1111	
CAUSE (Disesse or injury	e. Our m	(OR AS A CONSE	the state of the state of		-						1/	-
that initiated events resulting in deeth) LAST	506 10	(OR AS A CORSE	AUENCE OF	F								
	_ d											
PART II. Other significent condi	tions contributing to	don'th but not -	noultino la	a the conde	de el en en		D			1	-	
			esuiting ir	the under	lying	ceuse given ii	n Part I. 2	4a. WAS AN PERFOI		24b.	WERE AUTOPSY	
1 aroun	Bronot	ctes.	,					YES :	DA NO		COMPLETION O	F CAUSE
1) antino	relient in	Carl	co -	Van	cen	steen ob	2				1 YES 2	T NO
2) Then X		4) De		· Mai	- 3	an Ala:	_				1 160 2] 110
25. WAS CASE REFERED TO MEDICA	erision	TIDER	1	4126	-	EVILLE						
EXAMINER?	HOSPITAL:	, 0		OTHER:	6. PLA	CE OF DEATH (C	heck only one)					
1 □ YES 2 反 NO	1 to inpatient 2 □	ER/Outpatient 3			Home	5 - Residence	6 🗆 Other (Specify)				
27. MANNER OF DEATH	28e. DATE OF		28b. TIME		. INJUR	RY AT	28d. DESCI	RIBE HOW	NJURY OC	CURED		
1 Netural 5 Pending	(Month, D	ny, rear)	INJU		WOR	K7 S 2 NO						
2 Accident Investigati		F INJURY — At ho						DM (D)				
3 Suicide 6 Could not	building.	stc. (Specify)	me, tarm, st	reet, ractory,	OTTICE			Town, State)		r or Rural R	loute Number,	
- Institute												
290. CERTIFIER 1 CERTIFYING PA	YSICIAN: To the best of	my knowledge, de	ath occurred	d at the time.	date a	nd place, end du	e in the cause	(s) and ma	nner se ete	teri		
	MNER: On the basis of ea										\ and	
			gation	, at thy opinion	on, own	nii occurad at iii	e tiline, usts at	o piece, er	id due to ti	ne cause(s) end manner et	stated.
29b. SIGNATURE AND TITLE OF CERT	EJER (\neg			1	29c. LICENSE NU	JMBER		29d. DAT	E SIGNEO	(Month, Day, Yes	ur)
0401	an 12 5	pre	77	0		057.	45	-	•	2/1	3/97	,
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUS	E OF DEATH (ITE	W 27) (Type.	Print)	_					1	1/2	-
	N. Jon				V.	ove M.	MRI	FACE	wills	M	1200	.57
31. DATE FILED (Month, Day, Ybar)			- CO	3 - / -	1/4	77.111	/ AR.	100/1	11/6	119	100	J J
10 '00	33 RECHOTRA		حاول									
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending phy	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the but he filled within 72 hours after death with the State Date of Health and Marrial Harrison and commission, or commend	
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d by the	id be d	o at o
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24 hours	filled in t	ne med
within 2	mpletely	vent, th
executed	and col	matic e
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at the de	by the a	y Injury
quires th	n signed	IOWS an
he law re	has bee	п 23 st
ICIAN: TI	ertificate	or iter
IG PHYSI	ter this c	narked,
TENDIN	TOR: Af	28 Is r
AL OR A	AL DIRE	If item
HOSPIT	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the further filled within 72 hours after death with the State fluer of Health and Marial Husings and its hours of health and Marial Husings and the fundamental programmed.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
10 THE	THE PA	IMPOF

	FOR STATE REGISTRAR		STATE OF A	MARYLAND A	DEPAF	RTMEN	NT OF I	HEALTH DEAT	AND N	MENTAL HYGIEI	NE	92	06401	
	1. DECEDENT'S NAME (First GRANVILLE		E C	OFFIN				_		2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH	
1	4. SOCIAL SECURITY NUM	LE		OFFIN						2-23-92			3:00.	
	221-16-688		5. SEX	6. AGE (In yrs. Ia.	st birthday) YRS.	IF UND	ER 1 YEAR	HOURE	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHE Country	PLACE (State or Foreign	
	9a. FACILITY NAME (If not in			0.5	THS.					7-23-28			BRIDGEVILLE DE	
Œ			·					OR LOCATIO	ON OF OE	ATH	1	NTY OF DE		
18	4 15 HAYWAR		UE			FRU	ITLA	עא			MIC	COMIC)	
DIRECTOR	MD MD	WICOM			10c. CITY, TOWN OR LOCATION FRUITLAND									
A L	10e. STREET AND NUMBER						10	f. ZIP CODE				1 TYES 2 XX190		
FUNERAL	415 HAYWAI	RD AVE	NUE					2182	6		11	.S.A.		
15	11. MARITAL STATUS	12. WAS DECEDEN	NT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPA					F HISPAN	IC ORIGIN? (Specify Ye	a or No—	14. BACE	- American Indian,		
BY	1 Never Merried XX 3 Widowed 4 Dive	IF YES, GIVE W	1 YES 2 NO It yes, specify Cuban, E WAR OR DATES 1 YES 2 NO								Specify	White, atc.		
		EDENT'S EDUC	ATION	16e. DECEDENT'S USUAL OCCUPATION									WHITE	
	(Specify onli	(G	CEDENT'S live kind of a Do NOT us	work done	e during mo	DN ost of working	9	16b. KIND OF BU	ISINESS/INC	DUSTRY				
2	9 yrs.)-12)	College (1-4 or 5 +	',				IVERY	7	LUMBE	'D CO			
COMPLETED	17. FATHER'S NAME (First, M	liddle, Last)			AKLIK	JUSE	DEL							
ш	HARVEY ED	WARD C	OFFIN					REBE	CCA	H. MOORE	COFFI	N		
TO B	19a. INFORMANT'S NAME (Type/Print) BETTY JEAN QUILLEN COFFIN VI 16 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 415 HAYWARD AVENUE, SALISBURY, MD. 21826													
	20a, METNOD OF DISPOSITION 1 Burlet 2 Cremetion 3 Regulated from State 4 Donetton 5 Other (Society) 20b. PLACE AND DATE of Oisposition (Name of WICOMICO of MEMORIAL PARK 2/26 SALISBURY, MD.													
	21. SIGNATURE OF FUNERAL DETRICULICENSEE 22. NAME AND 501									NERAL HOM		JRY, 1	MD. 21801	
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reepiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to gen as a consequence of:													
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST													
1	PART II. Other eignifice	nt conditions	contribution to	death hut ant r	equiting i	n the u	ad adula		ida ta m			-	1	
: MEDICA			ign Pr							Part I. 24a. WAS AN PERFOI	RMED?	6	WERE AUTOPSY FINDINGS WALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 ND	
PHYSICIAN:	25. WAS CASE REFERRED TO	O MEDICAL						100.00						
SIC	EXAMINER?	- 1000	HOSPITAL:	EB/Outself- at 8		OTHE	R:	ACE DF DE						
Н	27. MANNER OF DEATH		28a. DATE OF		26b. TIM		28c. INJ	_	-	Other (Specify) 28d. DESCRIBE NOW	N BIRY OO	Vinco		
		Pending	(Month, Da	ly, Year)		URY		RK?		200. DESCRIBE NOW	MJOHY OCC	UNED		
ED BY	3 Suicida 6 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office 28t. LOCATION (Street)									26t. LOCATION (Street City or Town, State)	and Number	or Rural Ro	ute Number,	
COMPLETED	29a. CERTIFFIER (Check only one) 2 MEDICAL EXAMINER: Do the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.													
TO BE	Tout I trout									. /				

CAUSE OF DEATH (ITEM 27) (Type, Print)

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TRAVITZ

A2. RETESTRAR'S SIGNATURA DE

P.

31. DATE FILED (Month, Day 3992)
FEB 2 5 1992

DHMH-16 Rev 1/89

MD 2180

SN. 1350R

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TO BE COMP	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burtal, committee, or removal.
he funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely lines in by the funeral director, page 5 should be detached
st death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 fours after death. Page 6 may be retained by the hosp

	FOR STATE REGISTRAR	STATE OF MARYL		ENT OF HEAL			GIENE G. NO.					
	1. OECEDENT'S NAME (First, Middle, Last)					2. DATE OF DE			TIME OF OEATH			
	Stephen (Cosby STEI	PHEN ELME	R COSBE	Y:	MONTH 02	19	92	5.10a H			
	4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR IF U	NDER 24 HRS.	7. DATE OF BIT	TH	6. BIRTHPLA	CE (State or Foreign			
	221 28 8253	1 🔼 M 2 🗆 F	H 5 YRS.	ITHS DAYS HOU	IRS MIN.	JUNE OF	11,1945	TVI I	FORD, DE.			
~	9a. FACILITY NAME (If not institution, give			CITY, TOWN OR LO		EATH		TY OF OEATH				
٥	RESIDENCE OF DECEDENT	laryland Ho	SPITAL	Baltin	nove		Ba	Him	ove			
DIRECTOR	10a. STATE 10b. COUNT	ry	10c. CITY, TO	OWN OR LOCATION				10d	. INSIDE CITY			
5	DELAWARE SUS	SSEX	SEA	FORD				10	LIMITS?			
FUNERAL	10e. STREET AND NUMBER RT. 2 BOX 3904	Δ		10f. ZIP	9973		109. CITIZEN OF WHAT COULUS A					
NE C	11. MARITAL STATUS											
	1 Never Married 2 Werried	12. WAS OECEDENT EVER I	Ž NO	13. WAS DECENDE If yes, specify (etc.)	14. RACE — American Indien, Black, White, etc.						
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	1 TYES	NO Specif	y:		Specify:	WHITE			
COMPLETED	15. OECEDENT'S EDU (Specify only highest grade	JCATION e completed)	16a. DECEDENT'S USU	AL OCCUPATION	vorkina	150100	OF BUSINESS/INDL	STAY				
	15. OECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired) CONTRACTOR											
Ž	1.2YRS			7.4	ANTIC		ONTRACT	URS				
	17. FATHER'S NAME (First, Middle, Last) EVERETTE HAR(OLD COSBEY			LADYS	MAE (First, Middle,		ADDT	GTON			
B	19e. INFORMANT'S NAME (Type/Print)	TID GODDET	19h MAILING ADD	DRESS (Street and Nu					GION			
임	THEDA TYNDALL	COSBEY (WI	FI RT. 2	BOX 39	OA; SE	CAFORD	DELAW.		19973			
1	20. METHOD OF DISPOSITION		PLACE AND DATE OF DE	SPOSITION (Name of		OATE	20c. LOCATION — C	ity or Town.	State			
	1. Burlal 2 Cremation 3 Rem 4 Donation 5 Other (Specify)		UNCURD "C	HURCH C	ENETE	RY2 ha	CONCORD	, DEI	LAWARE			
	22. NAME AND ADDRESS OF FACILITY WATSON—YATES FUNERAL HOME, INC.											
	1 Jaugh	4. Jak	M	FRONT	& KII	IG STRI		1 9977				
П	23 PART I. Enter the diseases, or	complications that ceuse. List only one ceuse on e	d the deeth. Do not	inter the mode of	dying, auc	h as cardiac o	r respiratory arre	st,	Approximate			
- 1	IMMEDIATE CAUSE (Final	Clar Olly joile Couse on e	ach me.					İ	Interval Batween Onset and Death			
	resulting in death) . Malignant Melanoma											
	DUE TO (OR AS A CONSEQUENCE OF):											
CATION	Sequentially list conditions,	DUE TO (OR AS A	Metas.	lases								
S S	if any, leading to immediate cause. Enter UNDERLYING	•						j				
HILL	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):									
<u> </u>	resulting in death) LAST	d										
AL C	PART II. Other aignificant condition	na contributing to death b	out not resulting in th	e underlying cau	se given in	Part I. 24a. \	MAS AN AUTOPSY	24b, WEF	NE AUTOPSY FINDINGS			
		_	Wat at 1				ERFORMED?	AVA.	LABLE PRIOR TO			
MEDIC						''	YES 2 NO	1.0	YES 2 NO			
								1 '-	120 172,110			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OF OEATH (Ch	eck only one)						
2	1 TYES 2 NO	1 inpatient 2 ER/Outs		HER: Nursing Home 5	Residence	6 Other (Spec	ily)					
	27. MANNER OF DEATH 1 Netural 5 Pending	280. OATE OF INJURY (Month, Day, Year)	29b. TIME OF INJURY	28c. INJURY A WORK?		28d. OEŞCRIBE	HOW INJURY OCCU	JREO				
2	2 Accident Investigation	20. BLACE OF BUILDING			2 NO							
3	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Spec	— At home, farm, street	, factory, office		28f. LOCATION City or Town	(Street end Number o n, State)	r Rural Route	Number,			
4	290. CERTIFIER 1 CERTIFYING PHYS	NOIAN To the head of the land			. //							
291. LOCATION (Street and Number or Rural Route Number. 291. LOCATION (Street and Number or Rural Route Num												
	29b. SIGNATURE AND TITLE OF CERTIFIE											
4	DOVICIA (LOUINE	h h h	die		110ENSE NUI		29d. DATE	SIONED (Mor				
2	30. NAME AND ACCRESS OF PERSON WI	HOUSE OF DE	ATU (FEM 27) (Type, Print) [2000	13	1 4	11919				
	M 1311	MY 22. S.	greene "		Bal	timore	M.	V. 2	1201			
2	31. DATE FILED (MONTH, Day You 1992	3. REGISTRAR'S SIGN										
1	2 2 1002	Same represent	- Stanfacture									

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hy	DIRECTOR: After this certificate has been stoned by the attending physician and completely filled
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31, DATE FILED (MOR

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	1 - FOR STATE REGISTRAR	STATE OF I		/ DEPAR					MENTA	AL HYGIEN REG. NO.		2	U64U	3
	1. DECEDENT'S NAME (First, Middle, Last)							-		E OF DEATH			3. TIME OF DEA	TH
	CHARLES	G	ORDON	(CUMN	1ING	S		0.2		N.	1992	1:00	рм
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. I	ast birthday)	IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	7. DATE	E OF BIRTH			IPLACE (State or Fi	
	213-36-5691	1 M 2 F	53	YRS.	MONTHS	DAYS	HOURS	MIN.	(Mor	. 19,1	038	Countr	arvland	
	9a. FACILITY HAME (If not institution, give str	eet and number)			9b. CIT	Y. TOWN (OR LOCATION	ON OF D		· • T) T		NTY OF D		
Œ							IMOR				J. 000		CAIN	
75	UNIVERSITY HOS	SPIIAL			1	DALL	IMOI	KE C			<u> </u>			
Ä	10a, STATE 10b, COUNTY			10c. CIT	c. CITY, TOWN OR LOCATION					10d				,
Ö	Maryland Ha	rford		Fa	Fallston						LIMITS?	NO		
FUNERAL DIRECTOR	100. STREET AND HUMBER 1706 Bordeaux Cou	rt			101. ZIP CODE 10g. CITIZEN OF WHAT USA					VHAT COUNTRY?				
3	11. MARITAL STATUS	RMED	13.	WAS DEC	ENOFHT C	E HISPAI	NIC OBIG	IN? (Specify Yes	or No.	14 DACE	American Indi			
	1 Never Married 2 Married	FORCES? 1	YES 2			If yes, sp	ecify Cuba	n, Mexica	en, Puerto	Rican, etc.)	0.110-	14. RACE — American Indian, Black, White, etc.		
BY	3 Wildowed 4 Divorced Vietnam 1 YES 2 XNO Specify: Specify: Whit													
ED	15, OECEDENT'S EDUC	ATIOH	16a, C	ECEDENT'S	USUAL C	OCCUPATION	ON		16	b. KIND OF BUS	SIHESS/INI			
	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5	+)	Give kind of te. Do NOT u			st of workin	ng						
립		4		Mi	lita	ry				US-	govei	nmer	nt	
COMPLETED	17. FATHER'S HAME (First, Middle, Last) Charles Francis (Cummings					18. MOTI	Veli		Middle, Malden Lucinda		dder	dorf	
BE	19a. IHFORMANT'S NAME (Type/Print)					40.000							ICIOL I	
2	Carolyn E. Cummine	re								nber, City or Town			,	
1700 Bordeaux Court, Farrston, Md. 21047														
1X) Burial 2 Cremation 3 Removal from State														
4 Donation 6 Other (Specify) Highview Memorial Gardens 2-26-92 Fallston, Md.									i, Md.					
	Howard K	McCa	mos	TIL	Ho	oward	I K.	Mc	Coma	s III I ad, Ab:	Tuner ingdo	cal H	iome, P.	Α.
	23. PART I. Enter the diseases, or co shock, or heart failure. Li	mplications the	t caused the c	leath. Do i	not ente	r the mo	de of dyl	ng, suc	h an çar	diec or reapi	ratory an	reat,	Approxim	
	IMMEDIATE CAUSE (Final	only one cat	isa on each in	10.	4								Onset and	
	disease or condition resulting in death)	(loss	ha) ili	in a francis					172 B	6	١.	2910000	
	a.	DUE TO	(OR AS A CONS	EOUEHCE O	mi Com				1	- Car	,00		+	
z														
CERTIFICATION	Sequentially list conditions, if any, laeding to immediate	QUE TO	(OR AS A CONS	EQUENCE O	F):							-		
8	CAUSE (Disease or Injury													
	that initiated events	DUE TO	(DR AS A CDHS	EOUENCE D	F):									
	resulting in death) LAST d.													
	PART II. Other significant conditions	contributing to	don'th hus not	an avilate a	la Aba a	- 4 - 4 - 1 - 1								
SA		contributing to	Count out not	readiting	iii tiie u	nuerrying) cause g	jiven in	Part I.	24s. WAS AN PERFOR		246.	WERE AUTOPSY F	10
١										1 TYES 2	NO		OF DEATH?	CAUSE
Σ										· ·			1 YES 2	но
PHYSICIAN: MEDIC														
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		ACE OF D	EATH (Ch	eck only o	ne)				
YSI		1 Inpatient 2 D		3 🗆 DOA			• 5 □ Re	sidence	6 🗆 Oth	er (Specify)				
H	27. MANNER OF DEATH	26a. DATE OF (Month, D		26b. TIM	E OF URY	28c, INJ WO	URY AT		28d. OE	SCRIBE HOW II	JURY OC	CURED	TRUCK	
BY	1 Natural 5 Pending 2 Accident Investigation	02/07	7/1992	6:0	2 p M		ES 2 K	HO		VER I			/ TWARE	
	3 Suicide 8 Could not be	28e. PLACE D building,	F INJURY — At h	ome, farm,	street, fac	tory, office			26f. LO	CATION (Stripe)	nd Number	DELETE	ble InAper R C	AD
E	4 Homicide determined	100000000		PUBL	IC I	ROAD	WAY		CAF	RRINGT	ON	ROAD	ROSE	DAL
1	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICI	AN: To the best of	my knowledge, o	leath occurr	ed at the	lime, data	and place.	and due	to the ca	use(a) and man	ner ea stat	ed, MA	DVIAND	
COMPLETED	one) 2 MEDICAL EXAMINER	On the beats of a	xamination and/o	Investigation	n, In my	opinion, d	eath occur	ed at the	time, dat	e and place, and	d due to th	e cause(a)	and manner as a	tated,
	296. SIGNATURE AND TITLE OF ORRITHER			re-mater			29c. LICE							
BE	MARN	h											(Month, Day, Year)	
0	100	O.C.M.E. 02/23/								11992	- 1			

BALTIMORE, MARYLAND

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•	XTTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 - Journ
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ISION OF VITAL RECORDS, P.O. BOX 13146,	E

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTMENT CERTIFICAT	TE OF DEATH	MENTAL HYGIEN REG. NO.	E								
\neg	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH							
	Howard Char	les Corum			MONTH D		1 4 km M							
				DER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH		RTHPLACE (State or Foreign							
	212-11 Dune 1	MIZOF 8	CAL YRS. MONTH		(Month, Day, Year)	(Month, Day, Year) 12-26-07 Mary and								
	9a. FACILITY NAME (If not institution, give street		7	ITY, TOWN OR LOCATION OF			THE RESERVE							
~	A 1	ena number)	1.25		DEATH	9c. COUNTY OF DEATH								
DIRECTOR	Citizans Nursu	ng Nome		rederick		Frederick								
E C	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CITY, TOW	N OR LOCATION		10d. INSIDE CITY								
<u>E</u>		erick					LIMITS?							
	10e STREET AND NUMBER	CUCK	1-16	derick		40. 0000000	OF WHAT COUNTRY?							
AA				101. ZIP CODE		L C A								
FUNERAL	1900 Rosemon		T	2170	7	USA								
5	11. MARITAL STATUS 12	P. WAS DECEDENT EVER IN U.S FORCES? 1 TYES 2	S. ARMED	 WAS DECENDENT OF HISP. If yes, specify Cuben, Maximum 		or No 14, F	ACE — American Indian, Black, White, atc.							
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES	3	1 TYES 2 NO Spec	offy:	pecify:								
		1011					white.							
TE	15. DECEDENT'S EDUCAT (Specify only highest grade con	apieted)	a. DECEDENT'S USUAL (Give kind of work do life. Do NOT use retire	ne during most of working	16b. KIND OF BU	SINESS/INDUSTR	"							
F		College (1-4 or 8 +)			FUEL	DE1 11	IEDV							
Z	71/1		LABOR				EN							
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	0-016		18. MOTHER'S N	NAME (First, Middle, Maiden	Surname)	15							
BE		LL CORUM	7	ANN	15	HA	Jri							
5	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDR	ESS (Street and Number or Rura	al Route Number, City or Tow	n, State, Zip Code)							
F	GLORIA WILT		4444 0	RBANA PI	KE FRED	ERICH	MV 21701							
	20a, METHOD OF DISPOSITION		ACE OF DISPOSITION	(Name of cemetery, crematory o	20c. LO	CATION — City of	or Town, Stata							
	1 X Burial 2 Cremation 3 Remove 4 Donation 6 Other (Specify)	TRI	NITYLUI	HERAN CEMI	ETERY TA	NEYTO	WN. MD							
	21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY 23. NAME AND ADDRESS OF FACILITY 24. NAME AND ADDRESS OF FACILITY 25. NAME AND ADDRESS OF FACILITY 26. FAST RAITINGS ST.													
	* P Kevin Jady SKIIFS FINFRAL HOME TANEYTOWN, MD													
		Juay		XILED FUN	ERAL HORIE	- TANI	= YIOWN, MD							
	23. PART I. Enter the diseases, or con abook, or heart fallure. Lie	ightations that caused the	e deeth. Do not en	iter tha mode of dying, at	uch as cardlec or reap	iratory arrest,	Approximata Interval Between							
	ahock, or heart fallure. List only one cause on each line. IMMEDIATE CAUSE (Finel													
	disease or condition resulting in death)	+ neuron	Va				1. week							
	Tooling in death,	DUE TO (OR AS A CO	INSEQUENCE OF):		-1-4	3 / 2								
z		Carciona	ara cons	toto with M	elastaser)	2-year							
0	Sequentially list conditions,	DUE TO (OR AS A CO	INSEQUENCE OF):	The second is			· · · · · · · · · · · · · · · · · · ·							
A	If any, leading to immediate cause. Enter UNDERLYING													
15	CAUSE (Disease or Injury C													
FIC	CAUSE (Disease or Injury C	DUE TO (OR AS A CO	INSEQUENCE OF):											
RTIFIC		DUE TO (OR AS A CO	ONSEQUENCE OF):											
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST													
	CAUSE (Disease or Injury that initiated events			underlying cause given			24b. WERE AUTOPSY FINDINGS							
AL	CAUSE (Disease or injury that initiated events resulting in death) LAST			underlying cause given	PERFO	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE							
AL	CAUSE (Disease or injury that initiated events resulting in death) LAST	contributing to death but o		underlying cause given		RMED?	AMJLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?							
AL	CAUSE (Disease or injury that initiated events resulting in death) LAST			underlying cause given	PERFO	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE							
AL	PART II. Other aignificent conditions of the Con	contributing to death but o			PERFO	RMED?	AMJLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?							
AL	PART II. Other algnificent conditions of the Con	Contributing to death but of the supplemental to the supplemental	not resulting in the	26. PLACE OF DEATN (PERFO 1 VES	RMED?	AMJLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?							
AL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other algnificent conditions of the co	Contributing to death but of the second of t	not resulting in the	26. PLACE OF DEATN (HER: Nursing Nome 6 ☐ Residence	Check only one)	RMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO							
	CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other algnificent conditions of the co	Contributing to death but of the supplemental to the supplemental	not resulting in the	26. PLACE OF DEATN (IER: Nursing Nome 6 Residence 26c. INJURY AT WORK?	PERFO 1 VES	RMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO							
PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other algnificent conditions of the co	Contributing to death but of the state of th	ent 3 DOA 4	26. PLACE OF DEATN (4EFR: Nursing Nome 6 Residence 28c. INJURY AT WORK? 1 YES 2 NO	Check only one) 6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCURE	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO							
BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other aignificent conditions of the co	Contributing to death but of the second of t	ent 3 DOA 4	26. PLACE OF DEATN (4EFR: Nursing Nome 6 Residence 28c. INJURY AT WORK? 1 YES 2 NO	Check only one)	INJURY OCCURE	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO							
BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other algnificent conditions of the co	HOSPITAL: Inpetient 2 ER/Outpetie 26a. DATE OF INJURY	ent 3 DOA 4	26. PLACE OF DEATN (4EFR: Nursing Nome 6 Residence 28c. INJURY AT WORK? 1 YES 2 NO	Check only one) 1 YES : Check only one) 26d. DESCRIBE HOW 26f. LOCATION (Street	INJURY OCCURE	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO							
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BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other algnificent conditions of the co	HOSPITAL: Inpetient 2 ER/Outpetie 26a. DATE OF INJURY	ant 3 DOA 4 PATE At home, farm, street,	26. PLACE OF DEATN (4ER: Nursing Nome 6 Residence 28c. INJURY AT WORK? 1 YES 2 NO factory, office	Check only one) 6 Other (Specify) 28d. DESCRIBE HOW 26f. LOCATION (Street City or Rown, State)	INJURY OCCURE	AMPLIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO							
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E COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other algnificent conditions of the co	IOSPITAL: Inpetient 2 EP/Outpetie 28a. DATE OF INJURY 28a. PLACE OF INJURY building, atc. (Specify)	ant 3 DOA 4 PATE At home, farm, street,	26. PLACE OF DEATN (4ER: Nursing Nome 6 Residence 28c. INJURY AT WORK? 1 YES 2 NO factory, office	Check only one) 1 YES: Check only one) 26 Other (Specify) 26d. DESCRIBE HOW 26f. LOCATION (Street City or Town, State) Lue to the cause(a) and matched time, data and place, a	INJURY OCCURE and Number or R nner as stated. and due to the ca	AMPLIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO							
BE COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other algnificent conditions of the co	CONTributing to death but in the second of the basis of examination or the basis of ex	ent 3 DOA 42 28b. TIME OF INJURY At home, farm, street, ge, death occurred at the addor investigation, in r	26. PLACE OF DEATN (HER: Varing Nome 6 Residence 26c. INJURY AT WORK? 1 YES 2 NO factory, office	Check only one) 1 YES: Check only one) 26 Other (Specify) 26d. DESCRIBE HOW 26f. LOCATION (Street City or Town, State) Lue to the cause(a) and matched time, data and place, a	INJURY OCCURE and Number or R nner as stated. and due to the ca	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Durel Route Number,							
E COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other algnificent conditions of the co	CONTributing to death but of the contributing to death but of the contribution of the contribution of the contribution of the basis of examina	ant 3 DOA 4 A A A A A A A A A A A A A A A A A A	26. PLACE OF DEATN (HER: 29c. INJURY AT WORK? 1 YES 2 NO factory, office	Check only one) 1 YES: Check only one) 26 Other (Specify) 28d. DESCRIBE HOW 26f. LOCATION (Street City or Town, State) Live to the cause(a) and mathematima, data and place, a	INJURY OCCURE and Number or R nner se stated, and due to the ce	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Durel Route Number,							
BE COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other algnificent conditions of the co	CONTributing to death but of the contributing to death but of the contribution of the contribution of the contribution of the basis of examina	ant 3 DOA 4 A A A A A A A A A A A A A A A A A A	26. PLACE OF DEATN (HER: 29c. INJURY AT WORK? 1 YES 2 NO factory, office	Check only one) 1 YES: Check only one) 26 Other (Specify) 28d. DESCRIBE HOW 26f. LOCATION (Street City or Town, State) Live to the cause(a) and mathematima, data and place, a	INJURY OCCURE and Number or R nner se stated, and due to the ce	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Durel Route Number,							
BE COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other algnificent conditions of the co	CONTributing to death but of the contributing to death but of the contribution of the contribution of the contribution of the basis of examina	ant 3 DOA 4 A A A A A A A A A A A A A A A A A A	26. PLACE OF DEATN (HER: Varing Nome 6 Residence 26c. INJURY AT WORK? 1 YES 2 NO factory, office	Check only one) 1 YES: Check only one) 26 Other (Specify) 28d. DESCRIBE HOW 26f. LOCATION (Street City or Town, State) Live to the cause(a) and mathematima, data and place, a	INJURY OCCURE and Number or R nner se stated, and due to the ce	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Durel Route Number,							

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First	, Middle, Last)	Samuel	Harris	on Co	OOPE	₹, I	II		2. DATE OF		1.7		3. TIME OF DEATH
	SAMUEL			per	17					Febru	ary	28,19	992	м
	4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yrs. la		IF UNDER	1 YEAR		R 24 HRS.	7. DATE OF	BIRTH Day, Year)		8. BIRTI	HPLACE (State or Foreign
	579-46-8777		12 M 2 F	55	YRS.	MONTHS	DAYS	HOURS	MIN.	May 1	15, 1	936		nsylvania
_	9a. FACILITY NAME (# not in		EDIIDOC ODITION			-	_		ION OF DE	ATH			INTY OF C	
0	Washington		ty Hospit	al		I	lage	rsto	wn			Was	shin	gton
EC	10e. STATE	10b. COUNT	Υ		10c, CIT	Y, TOWN (OR LOCA	TION						10d. INSIDE CITY
DIRECTOR	Maryland	W	ashington		I	Hager	sto	wn						LIMITS?
A A	10e. STREET AND NUMBER							f. ZIP COD				10g. CIT	IZEN OF	WHAT COUNTRY?
ER	28 Summer	Stre	et		21740						U.S.A.			
FUNERAL	11. MARITAL STATUS		12. WAS DECEDENT						DECENDENT OF HISPANIC ORIGIN?			or No-	E — American Indian,	
ВУ Г	1 Never Married 23		IF YES, GIVE W											k, white, etc. "y: white
								300						MILLE
COMPLETED	(Specify onl	EDENT'S EDU y highest grade	completed)	(5	16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)					16b. K	IND OF BUS	SINESS/IN	DUSTRY	
PE	Elementary/Secondary (0-12) College (1-4 or 5 +)						erat	or		printing				
ĕ l	17. FATHER'S NAME (First, Middle, Last)				folder operator					MOTHER'S NAME (First, Middle, Melden Surname)				
	Sa	muel :	Harrison	Cooper,	Jr.						inia		ry	
) BE	196. INFORMANT'S NAME (ype/Print)		16	b. MAILING	ADDRESS	S (Street	end Numbe	or Runal R	Poute Number,	City or Town	n, State, Zi	p Code)	
5	Mrs. Violet		ooper		28 St	ummeı	St	reet	, Hag	gerst	own,	Mary	1and	21740
	20e. METHOD OF DISPOSIT 1 XXBurtel 2 ☐ Crematic 4 ☐ Donalion 5 ☐ Other	on 3 🗆 Rem	noval from State	20b. PLACE cemetery, cr ROSE	AND DATE	of DISPOS ther place) L Cett	nete	ame of TY		3-2-9			City or To	, Maryland
	21. SIGNATURE OF FUNERA	L SERVICE LI	CENSEE			22.	NAME A	NO ADDRE	ESS OF FAC	HITY MIT	nnich	Fun	era1	Home
	Police	108	Rosele	_								_		wn,Maryland
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdisc or respiratory arrest, ahock, or heart failure. List only one cause on each line. Approximate interval Batween													
	IMMEDIATE CAUSE (Finel													
	disease or condition resulting in death)	→	· Ca	rely	401	M	5 %	1	1	hid	4			
			DUE TO	OR AS A CONSE	DUPPICE O	F):		. 4	. 0.	0.	1			
NO I	Sequentially list condit		DUE 10	OR AN A CONSE	QUENCE O	FI:	ca		40	0				1
CERTIFICATION	If any, leading to imme cause. Enter UNDERLY	NG	. (1	A IN	6	com	to	u.	oh i	MIL	YUN	Me	Out	art
Ē	CAUSE (Disease or injuthat initiated events		OUE TO	OR AS A CONSE	OUENCE O	F):			0'	go			7/	
E	resulting in deeth) LAS	' (d											
	PART if. Other aignifica	nt condition	na contributing to	deeth but not	resulting	in the un	derivin	g ceuse	given in l	Part i 2	4a, WAS AN	ALITTOPSY	246	. WERE AUTOPSY FINDINGS
EDICAL					PERF					PERFOR	MED?	-	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
묘					1 TES 2					□ NO		OF DEATH?		
2										-				1 YES 2 NO
A	25. WAS CASE REFERRED TO	O MEDICAL					26. PI	LACE OF D	DEATH (Che	ick only one)				
Sic	EXAMINER?		HOSPITAL:	ER/Outpetlent	□ DOA	OTHER	1 :			6 Other (S	Specify)			
PHYSICIAN:	27. MANNER OF DEATH		28a. DATE OF (Month, Da		28b. TIM		28c. INJ	JURY AT		28d. DESCR		JURY OC	CURED	
BY F		Pending Investigation	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	y, 10a1y		M		YES 2] NO					
	3 Suicide 8	Could not be	28e. PLACE OF building, e	INJURY — Al he	ome, ferm,	street, fact	ory, offic	en .			ON (Street e Town, State)	nd Numbe	r or Rural I	Poute Number,
	4 Homicide	determined												
뒬	(Check only one)	IFYINO PHYS	ICIAN: To the best of	my knowledge, d	eth occurr	ed at the t	me, deta	end place	, and due t	to the cause	(s) and men	ner se sta	ted.	
COMPLETED	2 MEO	CAL EXAMINE	ER: On the beels of ex	imination end/or	Investigatio	n, in my o	pinion, d	death occu	red at the t	time, date an	d place, en	d due lo II	he ceuse(s	i) and menner ee stated.
BE (296. SIGNATURE AND TITLE	OF CERTIFIE	R	2 6	2.4	1		29c. LIC	ENSE NUM	BER		29d. DAT	E SIGNED	(Month, Day, Yeer)
10) - /	1	1		apac			0	32	-41	1	<u> </u>	0 /0	18/92
	30. NAME AND ADDRESS OF	54	Mull	OF DEATH (ITE	M 27) (Type	Print)	211	DH	27	tren	M	n		
	31. DATE FILED (Month, Day,		32. REGISTRA	I'S SIGNATURE	-		1							
	MAR 0	2 1992	Julia	Sandan -	8									

YEAR

1992

9c. COUNTY OF DEATH

Prince George's

1907

REG. NO

2. DATE OF DEATH

7. DATE OF BIRTH

(Month, Day, Year,

02

Apr.

1. DECEDENT'S NAME (First, Middle, Last)

9a. FACILITY NAME (If not institution, give street and number)

Eva 4. SOCIAL SECURITY NUMBER

216-44-4141

YRS.

IF UNDER 1 YEAR

IF UNDER 24 HRS.

9b. CITY, TOWN OR LOCATION OF DEATH

Lanham

6. AGE (In yrs. last birthday)

84

CRANE

5. SEX

1 M 2 V F

3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign

Maryland

6:19P

DHMH-16 Rev 1/89

68760. RECORDS, P.O. BOX DIVISION OF VITAL

Doctors Community Hospital DIRECTOR RESIDENCE OF DECEDENT 10c CITY TOWN OR LOCATION 10b. COUNTY 10d. INSIDE CITY Maryland Prince George's Hyattsville 1 YES 2 X NO 10e. STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 6914 Oak Ridge Road 20782 United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒ NO IF YES, OIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuben, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 X Married BY 1 TES 2 NO Specify 3 Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) 12 Statistical Clerk U.S. Government once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) to James W. Rabbitt Dolly Stevens BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Alden McKim Crane 6914 Oak Ridge Rd., Hyattsville, MD 20782 pe 20a. METHOD OF DISPOSITION
COBurial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must Druid Ridge Cemetery 4 Donation 5 Other (Specify) 2/26/92 Pikesville, Maryland 22. NAME AND ADDRESS OF FACILITY
Robert A. Pumphrey Funeral Home/
Bethesda-Chevy Chase, Inc.
7557 Wisconsin Ave. Bethesda, MD 20814-3501 examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE M00198 alu terra the attending physician and completely filled in by the Mental Hygiene prior to burial, cremation, or removal. medicai 23. PART I. Enter the displaces, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line interval Between IMMEDIATE CAUSE (Final **Onset and Death** the disease or condition HEART FAILURE gat CO 4 G ESTIVE executed within event. resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CHRONIC OBSTRUCTURE ZUMG DISCHASE traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate L. DR ATTENDING PHYSICIAN: The law requires that the death certificate be to OHECTOR: After this certificate has been signed by the attending physician hours after death with the State Dept. of Health and Mental Hygiene prior to Item 28 is marked, or Item 23 shows any injury, or other traum cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in dasth) LAST PART il. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PHYSICIAN: MEDICAL AWAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: 1 TYES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 5 Pending investigation 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — At home, farm, street, lectory, office building, stc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined COMPLETED 4 Homicide 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and mariner as stated. TO THE FUNERAL ()

Vibe filed within 72 h

IMPORTANT: If II HOSPITAL. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b, SIGNATURE AND TITLE OF CERTIFIER 29d. CATE SIONED (Month, Day, Year) 29c. LICENSE NUMBER BE 물 물을 and MD 216 PPF 558 0 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MA MAHT 6510 RECHENGERTH RIVERDA AVE. (6 FFB 24 '92 32. RIGISTRAR'S SIGNATURE



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICHE

1 - STATE REGISTRAR	STATE OF MARYL				MENTAL.	HYGIENE REG. NO.	26	2 00407
1. DECEDENT'S NAME (First, Middle, Last)	1 1				2. DATE O	F DEATH		3. TIME OF DEATH
Etalle					MONTH	24	92	6 A M
man a trans	4		IF UNDER 1 YEAR WONTHS DAYS	F UNDER 24 HRS. HOURS MIN.	7. DATE O (Month, 2	P BIRTH	Cou	THPLACE (State or Foreign nitry)
Se. FACILITY NAME (If not institution, give street	et and number)		96. CITY, TOWN C	R LOCATION OF D	EATH		COUNTY OF	DEATH
90 14 10W JU J	-sland a	ve	Colle	QL PAN	rk	17	2126	ELEGES
10e. STATE 10b. COUNTY	= 6 = NOC		TOWN OR LOCAT					10d. INSIDE CITY LIMITS?
100. STREET AND NUMBER	CO GEORG		101	ZIP CODE	nt_	100	CITIZEN OF	1 YES 2 NO
9014 Rhode I	slandav	e #511	1	20746	0	1 -	4.5	
11. MARITAL STATUS 1 1 Never Married 2 Married	FORCES? 1 YES	2 NO	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? nn, Puerto Ri	(Specify Yes or No	Ble	CE - American Indian, ick, White, etc.
3 Wildowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	1 TYES	2 M NO Specil	ly:		Sp	White
(Specify only highest grade co	TION mpleted)	(Give kind of wo	rk done during mo-		16b. P	(IND OF BUSINESS		
Elementary/Secondary (0-12)	College (1-4 or 5+)	a manufact		rator	A	artmen	TCC	mplex
17. FATHER'S NAME (First, Middle, Last)						ddle, Maiden Surnan		
	in Jenk			Jose	Phin		owe	
1 1	nan	9034	DDRESS (Street of	nd Number or Aural				20790 ark, Md,
20e. METHOD OF DISPOSITION	200				DATE	20c. LOCATION		
4 Donation 5 Other (Specify)	30.	-T LING	aln Cen	neTery	2/20	Bren		1, Mdo
571 <	1 7 76	70	110000000000000000000000000000000000000	D ADDRESS OF FA	-	.w.cha		
72.	(Name	the death Do go	58016	levelan	d Ave.	Klverde	le, M	nd. 20737
anock, or neart feilure. Lie	it only one cause on e	ech line.	t enter the mor	de of dying, auc	n ea cardie	oc or respiratory	erreat,	Approximate Interval Between Onset and Death
M. The state of th	hyocara	dial Int	archo.	5				monutes
_					k	1 4 4 40		
Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):	Carall	Vasung	VOI	Jeas		years
CAUSE (Disease or Injury	DUE TO (OR AS A	CONSEQUENCE OF						
resulting in death) LAST	002 10 (01) 20 2	CONSEQUENCE OF).						
PART II. Other significant conditions of	contributing to death b	ut not resulting in	the underlying	cause olumn in	Part I o	4a. WAS AN AUTOP	av la	
		at not roughling in	the oncertying	couse given in		PERFORMED?		b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE
						I □ YES 2010 NO		OF DEATH? 1 YES 2 NO
EXAMINER?			OTHER:	ACE OF DEATH (Ch				
27. MANNER OF DEATH	280. DATE OF INJURY	28b. TIME (OF 28c. INJU			Specify) RIBE HOW INJURY	OCCURED	
1 Natural 5 Pending 2 Accident Investigation	NIA		M 1 🗆 Y					
STATE REGISTARR DECEDENT'S NAME (First, Middle, Laut) E + C	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
29a. CERTIFIER t CERTIFYING PHYSICIA	N: To the best of my know	edge, death occurred	at the time, date	end place, and due	to the cause	(a) and manner as	stated,	
								(e) end manner se stated.
29b. SIGNATURE AND TITLE OF CERTIFIER	1 O Deput			29c. LICENSE NUR				D (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO	OMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, P	rint)	2010	32		0-1	10 20781
PAN A-DEVI	DE MD	42036/	eeusb.	ry Rd	Hyd	atrouis	les	10 20781
FEB 25 '92	39. REGISTARIE SIGN	Boudell			-			

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages to be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTO

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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BALTIMORE, MARYLAND 21203-3146	at the death certificate be executed within 24-nours after death. Page 6 may be retained by the hospital or attending physician.	by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 'ft, and Mental Hygiene prior to burial, cremation, or removal.	mee.
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STATE OF MARYLAND /	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE	
CI	ERTIFICATE	0	F DEAT	H		REG. NO.	

FOR STATE REGISTRAR	STATE OF MARYLA	CERTIFIC		DEATH		REG. NO.				
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE (OF DEATH DA	Y	YEAR	3. TIME OF DE	ATH
Gertrude Lee Ch					Febr	uary 1	18, 1	992		_
4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.		Day, Year)		Countr		Foreign
579-07-2037	**	31 YRS.				15,19			York	
9a. FACILITY NAME (If not institution, give a		1		OR LOCATION OF D	EATH		9c. COUN	TY OF D	EATH	
10305 St. Albar	is Drive		Bethe	sda			Mon	tgon	nery	
10a. STATE 10b. COUNT	Υ	10c. CITY,	TOWN OR LOCA	TION					10d. INSIDE CI	TY
	gomery	Bet	thesda						1 TES 2	NO N
104. STREET AND NUMBER 10305 St. Albans				r. ZIP CODE			10g. CITIZ	EN OF V	VHAT COUNTRY	
				20814					States	
11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	If yes, s	CENDENT OF HISPA	an, Puerto R		or No-	Black	E — American in k, White, etc.	dian,
3 Widowed 4 Divorced	S 2 NO Speci	ly:			Spec	White	e			
15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S U			16b.	KIND OF BUS	BINESS/IND	USTRY		
Elementary/Secondary (0-12)	College (1-4 or 5+) Ille. Do NOT use retired.)									
	4	Hom	emaker				Home			
17. FATHER'S NAME (First, Middle, Last)	18. MOTHER'S NA			Surname)						
John Lee 19a. INFORMANT'S NAME (Type/Print)	Katheri			a Ctata 7/-	Code ¹		-			
J. Lauris Christe	ans Driv					nd 2001	1			
20a METHOD OF DISPOSITION		PLACE OF DISPOSE			e be		CATION — C	-		. 4
XXBurial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	other place) ate of He	arron C	omo b o wee		Si1	vor (Enri	na MD	
21. SIGNATURE OF FUNERAL SERVICE LI			Tarren o	CHIC CCL y	non one De	Town h		mnh	rev Fur	era
	7		ZZ, NAME A	ND ADDITESS OF IN	weariff ter	Derr	A. PU	mbn	一种子一种 四十	10-10
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ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 28. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2X YNO 27. MANNER OF DEATH 1 Netural 5 Pending investigation 1 Yes 2X YNO 28. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 20 MEDICAL EXAMINER 20 MEDICAL EXAMINER 20 MEDICAL EXAMINER 20 MEDICAL EXAMINER 20 MEDICAL EXAMINER	Adenocarci DUE TO (OR AS A B. Adenocarci DUE TO (OR AS A C. DUE TO (OR AS A d. DUE	the death. Do not the line. Carcino Consequence of Thoma, br Consequence of Cons	east continued the management of the underlyle to the un	ode of dying, such participation of the control of	heck only on S Other 28d. DES 28f. LOCC City to to the cause time, data	24a. WAS AN PERFOR 1 YES 2	AUTOPSY MED? X NO NJURY OCC and Number	248 CURED or Rural ed. e cause(E SIGNEE	Approximaterval Onset a 2 Mor 2 Yes 2 Yes 3 Approximater 2 Mor 2 Yes 3 Approximater 2 Mor 2 Yes 2 Mor 2 Approximate 2 Mor 2 Approximate 2 Mor 2 Approximate 2 Mor 2 Approximate 2 Mor 2 Approximate 2 Mor 2 Approximate 2 Mor 2 Approximate 2 Mor 2 Approximate 2 Mor 2 Mor 2 Approximate 2 Mor	mata Betweend De ths FINDING FOAUSI NO
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DHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to build, cramation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

JOSE F.

31. DATE FILED (Month, Day, Year)

FFR 20 *92

					92 06409
EL	1 - STATE OF STATE OF REGISTRAR		TMENT OF HEALTH AND	MENTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last) Co FORGE C. CAR		17	2. DATE OF DEATH DAY	3. TIME OF DEATH
	4, SOCIAL SECURITY NUMBER 5, SEX	8. AGE (In yrs. last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) 05-12-23	8. BIRT NPLACE (State or Foreign Country)
	90. FACILITY NAME (If not institution, give street and number)	+ Hospital	96. CITY, TOWN OR LOCATION OF D	EATH 9c. CO	Romania OUNTY OF DEATN OTTOTOTO
DIRECTOR	RESIDENCE OF BECEDENT	or period	1 400114 60	WE TO TO	
SIE	Maryland Montgome		y, town or location akoma Park		10d. INSIDE CITY LIMITS? 1X YES 2 NO
		1 1	10f. ZIP CODE	10g. C	CITIZEN OF WHAT COUNTRY?
FUNERAL	7611 Maple Ave., #105		20912		USA
BY FUI	TO THE PERSON NAMED IN THE	PENT EVER IN U.S. ARMED 1 YES 2 NO E WAR OR DATES	13. WAS DECENDENT OF NISPA If yes, specify Cuban, Mexico 1 YES 2 NO Specific		- 14. RACE — American Indien, Black, White, atc. Specify: White
LETED		(Give kind of life. Do NOT u	USUAL OCCUPATION work done during most of working se retired.)	16b. KIND OF BUSINESS/	
COMPLET	17. FATHER'S NAME (First, Middle, Lest)	BOOK	keeper	GIAKAS AME (First, Middle, Meiden Surname	Brothers
BEC				nown)	
2			ADDRESS (Street and Number or Rural		
	29. METHOD OF DISPOSITION	20b. PLACE AND DAT	T Street, N.W. W		20007 — City or Town, State
	1 A Suriel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)	Fort Linco			wood, Md.
CYGIIIIG	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	leson		i Funeral Home	e pring, Md. 20904
and me	23. PART i. Enter the diseases, or complications ehock, or heert failure. List only one iMMEDIATE CAUSE (Finel disease or condition resulting in death)	cause on each line.	monary	rresf	arrest, Approximate interval Between Onset and Death
ERTIFICATION		TO (OR AS A CONSEQUENCE OF	Artery L	Arrythn)isease.	nia
N: MEDICAL C	PART II. Other significant conditions contributing Hyperfunsion Desgenerative		in the underlying cause given in	1 Part I. 24s. WAS AN AUTOPPERFORMED? 1 □ YES 2 NO	AWAILABLE PRIOR TO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL	2 ER/Outpatient 3 DOA	28. PLACE OF DEATH (C		
HYS	1 YES 2 NO 1 Inpatient 27. MANNER OF DEATN 28s. DATE	OF INJURY 28b. TII	4 Nursing Nome 5 Residence UE OF 28c. INJURY AT	8 Other (Specify) 28d. DESCRIBE NOW INJURY	OCCURED
BY P	2 Accident Investigation		M 1 YES 2 NO		
		E OF INJURY At home, ferm, ng, etc. (Specify)	street, factory, office	281. LOCATION (Street end Nun City or Town, State)	nber or Rural Route Number,
COMPLETED	29e. CERTIFIER (Check only) 1 CERTIFYING PNYSICIAN: To the best		red at the time, date end place, end du		
BE	COSE SIGNATURE AND TITZE OF CERTIFIER	lli MI	29c. LICENSE NU	JMBER 29d.	2/16/92
1		CAUSE OF DEATH (ITEM 27) (TYP) JELLIMA	e, Print) MEDE Ne	WHam Psh	10 20782

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

578-16-9198

924

MARYLAND

11. MARITAL STATUS

12

WILLIAM

10e. STREET AND NUMBER

RAY

1 Never Married 2 Married

(Specify of

3 Widowed 4 Divorced

Elementary/Secondary (0-12)

17. FATHER'S NAME (First, Middle, Last)

19e. INFORMANT'S NAME (Type/Print)

10a. STATE

924

WILLIAM

RAY

RESIDENCE OF DECEDENT

9a. FACILITY NAME (If not institution, give street and number)

ROAD

15. DECEDENT'S EDUCATION

C.

ROAD

10b. COUNTY

C.

1 🕅 M 2 🗌 F

5. SEX

PRINCE GEORGES

DAYS

HYATTSVILLE

9b, CITY, TOWN OR LOCATION OF DEATH

10f. ZIP CODE

20783

ALICE

13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuban, Mexican, Puerto Ricen, etc.)

1 YES 2 NO Specify:

CLARK, JR.

71

12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 A YES 2 NO

WWII

FORCES? 1 2 YES 2 IF YES, GIVE WAR OR DATES

College (1-4 or 5+)

CLARK, SR.

6. AGE (in yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.

10c. CITY, TOWN OR LOCATION

16e. DECEDENT'S USUAL OCCUPATION

The bland of work done during most of working

METROPOLITAN POLICE OFFICER

HYATTSVILLE

3. TIME OF DEATH

A BIRTHPI ACE /State or Formion

5:00 A. M

2. DATE OF DEATH

7. DATE OF BIRTH (Month, Day, Year) MARCH 17,

LAW

18. MOTHER'S NAME (First, Middle, Maiden Sumerne)

LENA

FEBRUARY 16, 1992

1920

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BALTIMORE, MARYLAND 21215-0020

DIRECTOR

FUNERAL

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for use as the bunial-transit retained by the hospital or attending physician. be detached once. ĕ notified a funeral director, page 5 should Page 6 may be urs after death. filled in by the fi completely burnal, H buo affending phy ental Hygiene p The affect HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the signed by the has been centificate to Dis C DIRECTOR, After 11 hours after death v FLINERAL within 72.1 TO THE HOSPITA
TO THE FUNERA
De filed within 7.
IMPORTANT.

2

MARK H.

EIG

DIVISION OF VITAL RECORDS, P.O. BOX 6876(

2 GRACE H. CLARK 924 RAY ROAD, HYATTSVILLE, MARYLAND 20783 (WIFE) 9 20a, METHOD OF DISPOSITION
1 (A Burlel 2 Cremation 3 Rem 20b. PLACE AND DATE OF DISPOSITION (Name of DATE Must 4 ☐ Donation 6 ☐ Other (Specify) ARLINGTON NATIONAL CEM. examiner 21. SIGNATURE OF NUMERAL SE FRANCIS J. COLLINS FUNERAL HOME, INC. 500 UNIVERSITY BLVD., W., SIL. SP., MD 20901 medical 23. PART I. Enter tha diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or haert failura. List only one causa on sech line. IMMEDIATE CAUSE (Final rustine Heart the Failure disease or condition event. resulting in death) traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 6 injury. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY shows any PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER: 1 TYES 2 DINO 1 - Inpetient 2 - ER/Outpetient 3 - DOA 2 5 s 5 ☐ Residence 8 ☐ Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY marked, 286. TIME OF INJURY 28c. INJURY AT WORK? 1 Accident 5 Pending BY 1 YES 2 NO 26e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) .92 3 Suicide COMPLETED 6 Could not be 28 4 Homicide Item CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. Ξ 29b. SIGNATURE AND TITLE OF CERTIFIE BE

VIRGINIA 9c. COUNTY OF DEATH PRINCE GEORGES 10d. INSIDE CITY 1 TYES 2 NO 10g. CITIZEN OF WHAT COUNTRY? USA 14. RACE — American Indian, Black, White, etc. Specify: WHITE 16b. KIND OF BUSINESS/INDUSTRY ENFORCEMENT 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 20c. LOCATION — City or Town, State 2/21 ARLINGTON, VIRGINIA interval Batween Onset and Death 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

TO YES 2 5 NO

12/18/92

284. DESCRIBE HOW INJUSTY OCCURED

26f. LOCATION (Simec and Number or Rural Route Number City or Tives, State)

red at the time, date and place, and due to the cause(a) and manner as stated. D 24886 29d. DATE SIGNED (Month, Day, Hear)

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

MD 9801 GEORGIA AVENUE, SILVER SPRING, MD 20902

31. DATE FILED (Month, Day, Huar) 32. REGISTRAR'S SIGNATURE FFB 20 '9

relia Sevido

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	d.
	emit.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral directior, page 5 should be detached for use as the burial-transit per filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1100011011				IOAII				ne	a. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	BETTY J	ANE CAR						2. DATE OF DE MONTH	DAY	YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In vrs. I		IF UNDER		IF UNDER		FEBRUAR 7. DATE OF BIR			1:15 P*	
- 4		1 M 2 TF		YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day,	Year)	Countr		
	579-22-6935 Sa. FACILITY NAME (If not institution, give s	Λ	69	1110.	01 O/T							INGTON, D.C.	
œ		aroot with marriager)					WN OR LOCATION OF DEATH				9c. COUNTY OF DEATH		
DIRECTOR	3421 NIMITZ ROAD					KENS	INGT	ON_		1	MONTG	OMERY	
m l	10e. STATE 10b. COUNTY	TION					10d. INSIDE CITY						
5	MARYLAND MO	ONTGOMERY	Y		KENS	TNGT	ON					LIMITS?	
A	10e. STREET AND NUMBER					10	. ZIP COD	E		10g. C	ITIZEN OF Y	WHAT COUNTRY?	
FUNERAL	3421 NIMITZ ROAL	D					20	895			USA		
5	11. MARITAL STATUS	12. WAS DECEDEN			13.	WAS DEC	ENDENT (F HISPAI	NIC ORIGIN? (Spec	cify Yes or No-		E — American Indian, k, White, etc.	
BY F	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE V	YES 2VE	JNO			ecify Cube		n, Puerto Ricen, a	rtc.)	Speci		
											WH	ITE	
TED	15. DECEDENT'S EDU (Specify only highest grade		(Give kind of	work done	CCUPATION TO COLUMN TO COLUMN THE	DN ist of worldi	ng	16b. KIND	OF BUSINESS/I	NOUSTRY		
7	Elementary/Secondary (0-12)	College (1-4 or 5	•)	fe. Do NOT u									
COMPLET	12		H(OMEMA	KER								
	17. FATHER'S NAME (First, Middle, Last)	OHERE							ME (First, Middle,):		
BE	THOMAS WHITE MO 194. INFORMANT'S NAME (Type/Print)	CGUIRE	- 10						C. COR				
2		/1117 CD 13							Route Number, City				
-	JOHN F. CARLEY	(HUSBAN						KE	NSINGTO				
	1 Buriel 2 Cremetion 3 Rem	oval from State	cemetery, c	remetory or o	of DISPOS	SITION (NE	me of		2/18 B	oc. LOCATION	— City or To	own, State	
- 1	4 Donation 5 Other (Specify)	ENSEE	- IST	JUSEP	H'S (JEME	TERY ND ADDRE	DO OF FA	2/18 B	ELTSVII	LE,M	ARYLAND	
	2 X			F	RANC	IS J	. CO	LLINS F	UNERAL	HOME	, INC.		
	Dun 1			_ 50	00 U	NIVE	RSIT	Y BLVD.	,W. SII	L.SPR.	,MD.20901		
	23. PART i. Enter the diseases, or o shock, or heart feilure.	complications tha	t caused the d	leath. Do	not enter	the mo	de of dy	ing, suc	h as cardiac or	respiratory a	arrest,	Approximata	
ļ	IMMEDIATE CAUSE (Final											Interval Between Onset and Death	
	disease or condition resulting in death)		ETASTI			AR	CINO	s my	4			2 monte	
			(OR AS A CONS									GMONTH	
2	Sequentially list conditions,	D	UNG		_	E 7						4 MONTH	
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONSI	EOUENCE O	F):								
5	CAUSE (Disease or Injury	c	(OR AS A CONSI	EQUENCE O	S.								
Ē	that initiated events resulting in death) LAST	002 10	(On AS A CONS	ECOENCE O	r ji								
E		d											
	PART II. Other significant condition				in tha ur	derlyin	g cause	given in	Part I. 24s. V	MAS AN AUTOPS	Y 24b	. WERE AUTOPSY FINDINGS	
EDICAL	DIADETO	=5 ME	CCITUS							YES 2 NO		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
	(COP.	D) ch	RONGE O	DSTR	USTIC	, C 0	PUCI	1000	994			OF DEATH? 1 YES 2 NO	
2	CIGAN	5 アアグノ										14 14 14	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. Pt	ACE OF O	EATH (Ch	eck only one)				
Sic	1 D YES 2 NO	HOSPITAL:	ER/Outpatient	3 DOA	4 Nur		. 5 X Re	sidence	6 Other (Speci	(fy)			
£	27. MANNER OF DEATH	28e. OATE OF (Month, D		28b. TIM	E OF	28c. INJ	URY AT		28d, OESCRIBE	HOW INJURY O	CCUREO		
BY	1 Natural 5 Pending 2 Accident Investigation		-,,,		М		YES 2	NO .					
	3 Suicide 6 Could not be	28e. PLACE O building,	F INJURY - AI I	ome, term,	street, fact	tory, offic	•		28f. LOCATION (City or Town	Street end Numb	per or Rural F	Route Number,	
	4 Homicide determined								, , , , , ,	,,			
2	290. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of	my knowledge, d	leath occurr	ed at the t	ime, date	end place	and due	to the cause(e) e	nd menner as a	tated.		
COMPLETED	one) 2 MEDICAL EXAMINE	R: On the beele of e	xamination and/o	r Investigatio	on, in my o	pinion, d	eath occur	ed at the	time, date end pi	ace, and due to	the cause(e	e) end menner ee stated.	
0	29b. SIGNATURE AND TITLE OF CERTIFIER		1 . 0				29c. LICI	NSE NU	WBER	29d. D	ATE SIGNED	(Month, Day, Year)	
BE	Cupul	V. J	ebre	2 /	MD		9	0 9	470	•	FEI.	3.17,1992	
2	30. NAME AND ADDRESS OF PERSON WH	P. L	SE OF DEATH (IT	EM 27) (Type	. Print)	100	100	C	ONNE	CTICU	7 4	VE	
	31. DATE FILED (Month, Day (Sar) FFB 19 92	32/ REGISTRA	SIGNATURE	4.02.	_	/	(6	USI	2616	N, M	9 2	20887	
	FEB 19 '92	a market		Acres -									

way and the

	ed by the host	ould be detache	ed at once.
1	6 may be retain	tor, page 5 sho	ust be notifi
	ter death. Page (the funeral direc wal.	examiner m
	nin 24 nours aft	tely filled in by in mation, or remove	t, the medica
	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	death certificate	attending physic intal Hygiene price	ry, or other tr
1	quires that the	n signed by the Health and Me	ows any Inju
-	AN: The law rec	tificate has been	r Item 23 sh
.)	NOING PHYSICI	R: After this cen	is marked, o
	PITAL OR ATTE	ERAL DIRECTOR	F. If item 28
	TO THE HOSE	TO THE FUNE be filed withir	IMPORTANT

29a. CERTIFIER (Check only one)		CIAN: To the best of R: On the basis of R												
3 Suicide 8 Homicide	Could not be determined	building	OF INJURY — At , atc. (Specify)	2					28f. LOCATION City or Town	n, State)			Route Number,	
	Pending Investigation						28d. DEŞCRIBE HOW INJURY OCCURED							
EXAMINER? 1 YES 2 NO	O WEDICAL	HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHER 4 D Num	1:	ACE OF DE		Ck only one) B Other (Spec	olfy)				
25. WAS CASE REFERRED TO	O MEDICAL					28 PI	ACE OF DE	ATH (Cha	ck only one					_
									_ '0	YES 2	□ NO		OF DEATH?	
PART II. Other significa	nt condition	s contributing to	uting to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTO PERFORMED					MED?	246	AWAILABLE PRIC	A TO			
resulting in death) LAS	' [d												
cause. Enter UNDERLYI CAUSE (Disease or Inju that initiated events	ייי		(OR AS A CONS				MKE	1000	Micen	TH	000	Un	3	
Sequentially list conditi If any, leading to immed		DUE TO	(OR AS A CONS	EQUENCE O	OF):	7	44-		1141	A-	Anc	107		
resulting in desting		DUE TO	OR AS A CONS	SEOUENCE O	OF):	1111	AIS	194!	5 10					
IMMEDIATE CAUSE (Findisease or condition resulting in death)	al	Acus DUE TO	x luc	1) (1	user	u	1101	CHN	www				Onset s	id De
	eert fellure.	complications the	ot coused the cuse on each lin	deeth. Do	not enter	the mo-	de of dylr	ng, such	sa cardlec o	r respl	ratory srre	est,	Approxi	Betw
1/10h	8/	Cion	ch						. Nor	th 1	East,	MD	21901	
21. SIGNATURE OF RENETAL		ENGEF /	- Clar.	lesto			D ADDRES	S OF FACE	25-92		r <u>rest</u> Funer			
20a, METHOD OF DISPOSITI 1 X Burial 2 Cremetio 4 Donation 5 Other		oval from State	of cemeta	ry, cremator	v or other pl	ace)			7		CATION — C			
Betty L. Di	amonte				Box				own, M		21914			
	Henry Coburn Lucy Mar Informant's NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Roa								or Tour	. State 7in	Code1		_	
17. FATHER'S NAME (First, MI	iddle, Lest)	.1, 4			asse	TIMT,		ER'S NAM		bomb manufacturing (First, Middle, Meiden Surneme)				
6 College (1-4 or 5+)				(Give kind of ife. Do NOT u	asse				houn	h m	anufa	ctiv	ring	
16. DECI (Specify only		16a. E	DECEDENT'S	USUAL OC	CUPATIO	N at of working	,	16b. KIND	OF BUS	INESS/INDU		LE	_	
1 Never Married 2 3 Widowed 4 Divo		FORCES? 1 IF YES, GIVE V	YES 2 WAR OR DATES	ano				, Maxican, Specify:	, Puarto Rican, e	etc.)		Speci Speci Whi		
150 East Ma 11. MARITAL STATUS	in Sti	12. WAS DECEDEN	IT EVER IN U.S. 4	IBMED				HISPANIC	C ORIGIN? (Spec			USA 14. RACE	— American In	llen,
10a. STREET AND NUMBER						101.	ZIP CODE						VHAT COUNTRY	
Maryland	Ceci]				kton								1 X YES 2	
RESIDENCE OF DEC	EDENT 10b. COUNTY			10c, CIT	Y, TOWN O							I	10d. INSIDE CI	Y
Union Hospit		reat and number)				ktor.	R LOCATION	N OF DEA	атн			eci.		
379-18-9328		1 M 2 F	8:	3 YRS.					11-12		9c. COUN		tucky	
4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In yrs. I	ast birthday)	IF UNDER 1	1 YEAR	IF UNDER 2	4 HRS.	7. DATE OF BIR (Month, Day, 1	TH			PLACE (State or	_
	Di	ckens						- 4	2	22		92	10:36	
Ora									MONTH	DAY		YEAR		

105 East Main Street Elkton, Maryland
32. REGISTRAR'S SIGNATURE
who Davidson-Randelle

30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF GEATN (ITEM 27) (Type, Print)

Roland Najera M.D.

31. DATE FILED (Month, Day, Year)
FEB 2 4 '92

DHMH-18 Rev 1/89

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT. If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020

part I,27,pe STATE OF MARYLAND / CE 23

ERTIFICATE	OF DEATH	
EMITTOALE	OI DEATH	REG. NO.

1. DECEDENT'S NAME (First, Middle, Last)				OATE	<u> </u>	DEA		2. DATE OF DE	ATH		3	TIME OF DEA	TH
LAMEL	JERO	ME		DO	ЭUG	LAS		02 18 1992				3:30	am
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. I	ast birthday)	IF UNDER 1		IF UNDER	24 HRS.	7. DATE OF BIR	TH		8. BIRTHPL	ACE (State or F	
	1√√M 2 □ F		YRS.	NONTHS 3	DAYS	HOURS	BRIN.	(Month, Day,	(6ar)	71 N	Country)	land	
9a. FACILITY NAME (If not institution, give a	treet and number)			9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF									
P.O. BOX 114				BE	AYS	NTOV	N			СН	ARTE	S	
RESIDENCE OF DECEDENT				BRYANTOWN CHARLES									
10a. STATE 10b. COUNTY	,		10c. CITY,	TOWN OF	LOCAT	TION					10	d. INSIDE CIT	Υ
Maryland Pri	nce Geo	rge's	Hug	hes	vi]	lle					2	XYES 2	NO NO
10e. STREET AND NUMBER	10e. STREET AND NUMBER						E			log. CITIZ	EN OF WHA	T COUNTRY?	
Post Office Bo						2063	7			US	S A		
11. MARITAL STATUS	RMED	13. W	AS DEC	ENDENT C	F HISPANIC	ORIGIN? (Spec	cify Yes or	No-	14. RACE —	American Ind	lan,		
Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE Y	YES 2 WAR OR OATES	X				Specify:		-10.7		Specify:		
15. DECEDENT'S EDU	CATION											31ack	
(Specify only highest grade	completed)		DECEDENT'S U (Give kind of wo lie. Do NOT use	ork done de			19	16b. KIND	OF BUSIN	ES\$/INDU	ISTRY		
Elementary/Secondary (0-12)	College (1-4 or 5	•)											
17. FATHER'S NAME (First, Middle, Last)			Chi	Td		40 1407	WED10 ALA AM	E (First, Middle, I	44-14				
									Maiden Su	mame)			
Clifford Dong	Las		OF WALLING	DDBESS	(Cton of a			eazil ute Number, City	-	De 4 W.	0.41		
			O MAILING A										
Rosa Breazil		20h BLAC	E AND DATE OF		_		Hugh	esvil			206	The second second	
ty Buriel 2 Cremation 3 Rem	oval from State	cemetary, c	rematory or other	er placel			0 / 0						
21. SIGNATURE OF FUNERAL SERVICE LIG	ENSEE	ISE M	ary's	22. N	AME AN	Uem ID ADDRE	SS OF FACI	1/92	Brya	anto	wn.	Mary	land
40	m	6.4						al Ho	me.	Pt. A			
* Llayd		Eske	p	A	0112	sco	Rd	Agu	2800	N	(D) 2	20608	
23. PART I. Enter the elseeses, or eshock, or heert fallure.	complications the List only one cer	t ceused the i	feeth. Do no ne.	et enter t	he mo	da of dy	ing, such	as cardiec or	r respirat	ory arre	st,	Approxim	etween
IMMEDIATE CAUSE (Finel disease or condition	Cuda	en Inf		2004	b	C						Onset an	d Death
resulting in death)	**	(OR AS A CONS			-11 i	2 À UC	rrome						
	502 10	(OII ALL A COITS	EUGENCE OF J.										
Sequentially list conditions,	bDUE TO	(OR AS A CONS	EOUENCE OF):	:								<u> </u>	
if any, leading to immediate cause. Enter UNDERLYING													
CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CONS	EOUENCE OF):	P):									
resulting in death) LAST	4												
DADT II ON A LIVER AND A LIVER													
PART II. Other significent condition	s contributing to	deeth but not	resulting in	the und	erlying	g cause (given in Pa	ort I. 24s. V	WAS AN AU		AW	ERE AUTOPSY F	TO
			141					_ \ \X	YES 2	NO		MPLETION OF DEATH?	CAUSE
								_ [1		1 [YES 2	NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF O	EATH (Check	k only one)					
1 X YES 2 □ NO	1 Inpatient 2	ER/Outpatient				• 5 (X €	sidence 6	Other (Speci	ffy)				
27. MANNER OF OEATH	28a. DATE OF (Month, D	INJURY lay, Year)	28b. TIME INJU			URY AT	2	86d. DESCRIBE	HOW INJ	JRY OCCL	JRED		
1. Natural 5 Pending 2 Accident Investigation				М		YES 2	ON						
3 Suicide 8 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State)													
4 Homicide detarmined									, 51010)				
29a, CERTIFIER (Check only 1 CERTIFYING PHYSI	CIAN: To the beat of	my knowledge,	death occurred	at the tim	ne, data	end place	and due to	the cause(a) a	nd manne	r as state	d.		
one) 2 MEDICAL EXAMINE												nd manner as i	stated.
296 SIGNATURE AND TITLE OF CERTIFIE	An 6	1	-				NSE NUMB		-			onth, Day, Year)	
/ Mun F 4	all 1	1	1				C.M.		ľ			/1992	
O. NAME AND ADDRESS OF PERSON WH	O COMPLETEO CAU	SE OF OEATH TIT	EM 27) (Type F	Print)		0.	O.PI.	10 ·		0,	-/17/	1 1 2 2 2	
Mills or Tail	E, TR	MOI		NN	ር ጥ ኮ	ਾਜ ਜ	RAT	TIMOR	F	MADY	YTANI	n 212	0 I
31. DATE FILEO (Morith, Day, Year) 92		a's bemiles		TA IA	OTV	بالند ند.	DAL	LLHOK	و ند.	IIAN.	THAM	D 212	V I
FEB 25 92	que	THE STREET STREET											

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and discount name	UI SCIUI.	death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	And the state of the same failure to take a same the same to the s
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After	10110	death	-

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	1 - STATE REGISTRAR	STATE OF MAI	RYLAND / DEPAI								
_	1. DECEDENT'S NAME (First, Middle, Last)		CERTIF	ICATE OF	DEATH	REG. NO	D				
		В.		Denni	5		MY 199	S. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)			
	215-12-6990 9a. FACILITY NAME (If not institution, give	1 M 2 F	85 YRS.		OR LOCATION OF DE	2- 12-1	907	Maryland			
TOR	PENINSULA GENER		L		ALISBURY			ICOMICO			
DIRECTOR	10a. STATE 10b. COUNT Maryland Wico	•		ry, TOWN OR LOCA				10d. INSIDE CITY LIMITS?			
	10e. STREET AND NUMBER	111100			f. ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?				
FUNERAL	401 Trinity Dr				21801		U.S				
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 I	YES 2 TNO	If yes, s	ENDENT OF HISPAN ecity Cuben, Maxica NO Specify	IIC ORIGIN? (Specify Yon, Puerto Rican, etc.)		. RACE — American Indian, Black, Whita, etc. Specify: Black			
COMPLETED	15. DECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) Callege (1-4 or 5+)	16a. DECEDENT'S (Give kind of kite. Do NOT u	WORL OCCUPATE work done during mase retired.)	ON ost of working	166. KIND OF BU	b. KIND OF BUSINESS/INOUSTRY				
OM	17. FATHER'S NAME (First, Middle, Last)		Domes	010	18. MOTHER'S NAI	ME (First, Middle, Maide					
BE	Levin Smith				Marv .	Jane Elz	ev				
10	19a. INFORMANT'S NAME (Type/Print) Francine Conwa	77	19b. MAILING	ADDRESS (Street	and Number or Rural F	Poute Number, City or To	wn, State, Zip Co	de)			
	20a METHOO OF OISPOSITION 12 Burlel 2 Cremetion 3 Rem		20b. PLACE AND DATE			DATE 200. L		or Town, Stata			
	4 Donation 5 Other (Specify)		"Green' A								
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	^		ND ADORESS OF FAC			ry. Md. est Rd.			
	Blady B.	Stewar	1	1				.Md.21801			
anock, or neert failure. List only one cause on each line.								Approximata interval Between Onset and Death			
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury c										
CERTI	that initieted events resulting in death) LAST	d		.,							
	PART II. Other eignificent condition	rd Age	th but not resulting	In the underlyin	Part I. 24a. WAS AF PERFO	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?					
248. WAS AN AUTOPSY PERFORMED? ADU ANCEL AGE ACTION							1 ☐ YES 2 €				
H	2 Accident Investigation M 1 YES 2 NO							ED			
BYP											
								Burel Route Number,			
3 Suicide a Could not be detarmined building, atc. (Specify) at nome, term, street, tectory, office 4 Homicide City or Town, State) 29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.											
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	M			29c. LICENSE NUM	817	29d. DATE SI	GNED (Month, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETEO CAUSE OF	F DEATH (ITEM 27) (Type	, Print)		Md 218		-1 10 1 2			
7	31. DATE FILED/MOOTH, DATAS	1104 HOOL	The United I	R. Sol	Shury	Mg 319	101				
	LLM IU NY	the state of the state of			4						

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State of march and the state of the

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the h	O THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detac e filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	and present is to marked as been 22 about our fallow or other trainmails event the medical eventuer must be notified at one
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五	O THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi e filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Sino

REGISTR	RAR		CERTIF	CATE C	F DEATH	REG. NO						
1. DECEDENT'S	Frankl:	in William D	owler, Jr			2. DATE OF DEATH DO FEBRUARY	^{^v} 28, 1	year 992 a. Time of Death				
	HURITY NUMBER 6-1604	5. SEX 6. AG	E (In yrs. last birthday) 69 YRS.	SF UNDER 1 YEA		MAL M. D. M. H.						
- 1	AME (II not institution, give rewer Avent			9b. CITY, TOWN OR LOCATION OF DEATH Hagerstown			Washington					
RESIDENCE	E OF DECEDENT	TV	100 CIT	, TOWN OR LO	CATION			10d, INSIDE CITY				
Maryla	nd Wa	ashington		Hagers	town		12					
416 B:	rewer Aven	ue			101. ZIP CODE 2174	40	10g. CITIZEN OF WHAT C					
	ratus rried 2 Merried 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 XYE IF YES, GIVE WAR OF	S 2 NO	If yes	DECENDENT OF HISPA , specify Cuban, Mexic YES 2 X NO Speci	an, Puerto Rican, etc.)	GIN? (Specify Yee or No- to Rican, etc.) 14. RACE — American Indian, Black, White, etc. Specify: White					
0	18. DECEOENT'S ED	UCATION	16a. DECEDENT'S	USUAL OCCUP	ATION	186. KIND OF BU	SINESS/INDU	JSTRY				
Elementery/ 0-8 17. FATHER'S N	(Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4 or 5+)			vork done during se retired.) C	most of working	Gas Co	0 #					
17. FATHER'S N	AME (First, Middle, Last)				18. MOTHER'S N	AME (First, Middle, Meider	Surneme)					
		W. Dowler,	Sr.			Edith Sch		necht				
III		,		ADDRESS (Sv.	and Alumbar or Gural	Route Number, City or Tov						
0	19a. INFORMANT'S NAME (Type/Print) Mrs. Mary R. Dowler					Hagerstown						
1 ABurial 2	1 ABurial 2 Cremation 3 Removal from State other				ACE OF DISPOSITION (Name of commetery, cremetery or the Hagerstown, Maryland Hagerstown, Maryland							
21. SIGNATURE	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Minnich Funeral Home 415 East Wilson Blvd., Hagerstown, MD 21740											
	True 1	Vistal		715	Dase WIIs	on bives,	1146010	,				
NO Sequentially if any, leadir cause. Enter CAUSE (Disc. that initiated	disease or condition resulting in desth) Sequentielty list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS											
MEDICA	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24e. WAS AN AUTOPSY PERFORMED? 1 YES 2 WO 1 YES AN AUTOPSY PERFORMED? 1 YES 2 WO 1 YES 2 WO 1 YES AN AUTOPSY PERFORMED?											
ÿ												
25. WAS CASE EXAMINER	REFERRED TO MEDICAL	HOSPITAL:		OTHER:	6. PLACE OF DEATH (C	theck only one)						
S 1 □ YES		1 Inputient 2 ER/C	Outpatient 3 🗆 DOA		Home 8 Tesidence	5 Other (Specify)						
ZS. WAS CASE EXAMINER 1 YES Z7. MANNER OI 1 Acide	5 Pending	28e. DATE OF INJUI (Month, Day, Yea	RY 25b. TIN	IURY	WORK?	28d. DESCRIBE HOW	OW INJURY OCCURED					
3 Suicid	2 Accident investigation 3 Suicide 8 Could not be determined 4 Homicide determined 28e. PLACE OF INJURY — At home, farm, atrest, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)							or Rural Route Number,				
(Check only one) 29b, SIGNATUR	CERTIFYING PH					e time, date and place, e	and due to the	ed. e ceuse(e) end manner as stated. E SIGNED (Month, Day, Year)				
5 hu	ADDRESS OF PERSON	YHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type	, Print)	102	3623	1	3/2/92				
Fred	iene b	- KASS	111	799	ltowe	ll Rel	Hey	ers town he				
31. DATE FILED	MAR 02 19	92 32. REGISTRAR'S S	IGNATURE	all.								

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached within 72 hours after death with the State Day of Health and Marrial Handrage prior to build in managing or promoted.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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•	e des	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the full within 72 hours after death with the State Dank of Hashb and Mantal Hariana prior to hand a remarking by remarked	Juny,
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	FOR 1 - STATE	STATE OF MARYL	AND / DEPART	MENT OF HEALTH	AND MEN	TAI HYGIEN	<u> </u>	12 06	416	
	1 - STATE REGISTRAR		CERTIFIC	CATE OF DEAT	H	REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)					ATE OF DEATH	-	3. TIME OF	F DEATH	
	Gladys V. Dab	oney				bruary		992 11	:00 a M	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (in yrs. last birthday)	IF UNDER 1 YEAR IF UNDER 2		TE OF BIRTH		B. BIRTHPLACE (Stot		
	557-05-5557 9e. FACILITY NAME (If not inelitation, give		76 YRS.	ONTHE DAYS HOURS	MIN. (2)	Mgust" 4 , 1915		Washingt		
œ				b. CITY, TOWN OR LOCATION	N OF DEATH		9c. COUNT	TY OF DEATH		
5	Deaton Hospital Baltimore Baltimore City									
E C	10a. STATE 10b. COUNT	TY	10c. CITY,	TOWN OR LOCATION				10d. INSIDI	E CITY	
L DIRECTOR	Maryland 1	Montgomery			singto	n		LIMITS 1 TYES	3?	
FUNERAL				101. ZIP CODE			10g. CITIZ	EN OF WHAT COUNT	/RY?	
Ä		field Road		20	0895		Unit	ed State	25	
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	13. WAS DECENDENT OF	HISPANIC OR	OIN? (Specify Yes	7.0	- 14. RACE - American Indian		
ВУ	1 Never Merried 2 Merried 3/2XWidowed 4 Divorced	IF YES, GIVE WAR OR DA		If yee, specify Cuben,	Specify:	rto Ricen, etc.)		Black, White, etc. Specify:	200.00	
								Whit	e	
ш	15. DECEDENT'S EDI (Specify only highest grad	UCATION le completed)	16a. DECEDENT'S US	SUAL OCCUPATION k done during most of working		16b. KIND OF BUS	SINESS/INDU	STRY		
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	retired.)						
P		4	Sec	retary			Bar	king		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				R'S NAME (Fig	st, Middle, Malden		ikilig		
	Samua	al E. Stiles								
BE	19a. INFORMANT'S NAME (Type/Print)	ar b. Stires	195 MAILING A	DDRESS (Street and Number o		Maude Bi		VIII .		
5	W David Daha		E .					-		
	W. David Dabne			dgefield Roa					95	
	20a_METHOD OF DISPOSITION Marguriel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cometery, cremetory or other place) February 25, 1992 Alexandria, Virginia 20b. PLACE AND DATE OF DISPOSITION (Name of cometery, cremetory or other place) February 25, 1992 Ivy Hill Cemetery Cremetory or other place) February 25, 1992									
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		22 NAME AND ADDRESS Robert A. F Bethesda-Cr Avenue Beth	of FACILITY umphr	y Funer	al Ho	me/		
	(searce	Keshnit	M00335	Avenue Beth	ievy Ci iesda.	nase, Ir Marylar	ic. 75	57 Wisco	nsin	
	23. PART I. Enter the diseases, or	complications that caused	the death. Do not	enter the mode of dvine	g, such as c	ardiec or resol	ratnry arres	t Anna	oximata	
	anock, or meant fellore.	List only one cause on ea	ich lina.					inter	vai Between	
	IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) a. End Stage Curanic Obstactive Pulsary Due to (or as a consequence of): Disease Onset and Dest									
ŀ	disease or condition resulting in deeth) a. End Stage Curano Obstructive Pulsanary Due to (or as a consequence of):									
		O SOL TO (OH AS A	CONSEQUENCE OF):			Dr	rease			
CERTIFICATION	Sequentially list conditions,	Cesperato	14 tack	ure						
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Ē	that initiated events resulting in deeth) LAST	DUE TO (OH AS A	CONSEQUENCE OF):							
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- 11	PART ti. Other significent condition	ne contributing to death be	it not resulting in	the underlying course als	on in Boot i					
8			The resulting in	are underlying couse giv	ren in Part I.	24a, WAS AN		24b. WERE AUTOR		
0						1 TES 2	NO	OF DEATH?	OF CAUSE	
Σ						'		1 TYES	NO I	
ž										
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF DEA	TH (Check only	one)				
Sic	1 TYES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpi		THER: Nursing Home 5 - Rasio	dence 6 0	ther (Specific)				
Ē	27. MANNER OF DEATH	26e, DATE OF INJURY	26b. TIME (-	ESCRIBE HOW IN	LIURY OCCU	BED		
	1 Netural 5 Pending	(Month, Day, Year)	INJUR	Y WORK?		PEOGRAPE HOW II	JOHN GOCO	NED		
BY	2 Accident Investigation 3 Suicide 8 Could not be	2 Accident Investigation Investigation Investigation Investigation								
8	4 Homicide determined	building, etc. (Speci	(y)	ei, ractory, omica	26f. L	OCATION (Street a ity or Town, State)	nd Number or	Rural Route Number,		
<u> </u>										
릴	(Check only 1) CERTIFYING PHYS	ICIAN: To the best of my knowle	rdge, death occurred	it the time, data end place, a	nd due to the	cause(e) end man	ner as stated			
COMPLET	0799) 2 MEDICAL EXAMINE	ER: On the baels of examination	and/or investigation,	n my opinion, death occured	at the time, d	ite end place, end	due to the	cause(e) end manner	ee stated.	
	2910 SIGNATURE AND TITLE OF CERTIFIE				SE NUMBER					
H	Chichin Ah	11- (0.0100.	2111	1 2	371	, I	ZVO. DATE S	IGNED (Month, Day,	100/	
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED MISE OF DEA	TH OTEM 27 Garage		261	1	- 1	10116		
	CHRISTINE BELL .		CITEM 27 (1)PO, Pri	1302 Granz				5	21093	
	31 DATE EN ED (Month Day Month	MI-TERMAN!	VI DUIG	DZ GHEN	spurg 2	ration	Luttr	enville Ma	4	

		1. DECEDENT'S NAME (First, Middle, Last)	Anthony Jose	2. DATE OF DEATH MONTH Feb. 1	3. TIME OF DEATH 2:15 A M							
100 La		4. SOCIAL SECURITY NUMBER		(In yrs, last birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS.	7. DATE OF BIRTH		1PLACE (State or Foreign			
W 8		209-14-1175 9a. FACILITY NAME (If not institution, give s	1 - M 2 - F 95	YRS.	MONTHS DA	7 272	Jan 15 1	897 Per	msylvania			
E &	DIRECTOR	2 Country Side C				r Spring	EATH	Montgon				
ges 1	EC	10a. STATE 10b. COUNT	1	10c. CI1	Y, TOWN OR LO	DCATION			10d. INSIDE CITY			
permit. Pages 1,	BY FUNERAL	Maryland Anne	Arundel	An	napoli				LIMITS? 1 YES 2 NO			
isi.		10. North Cherry Grove Ave. 10 North Cherry Grove Ave. 11 MARIYAL STATUS 104. ZIP CODE 109. CITIZEN OF W. USA										
215-0020 attending physician. se as the burial-transit		11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 - NO	If yes	DECENDENT OF HISPA I, specify Cuban, Maxic YES 2 NO Speci		E — American Indian, k, Whita, atc.				
ending as the		3 🙀 Widowed 4 🗌 Divorced		Α.		X		Spec	white			
	ETED	15. DECEDENT'S EDU- (Specify only highest grade	CATION completed)	18a, DECEDENT'S (Give kind of life. Do NOT us	work done during	PATION of most of working	16b. KIND OF BU	16b. KIND OF BUSINESS/INDUSTRY				
the hospital or detached for u	COMPLE	Elementary/Secondary (0-12)	5 vears +		teache	r	MD. Pul	blic Scho	01s			
the hospit detached	S	17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Maiden		015			
retained by 5 should be 1011fled at	BE	Dennis J. Doughe	rty				D'Donnell					
mAK be retained be 5 should be notified	임	Mary Theresa D.	Janetatos				Acute Number, City or Tow Llver Sprin		0905			
6 may be ector, page must be r		20a, METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Rem	oval from State con	D. PLACE ANO DATE	OF DISPOSITION				ATION — City or Town, State			
≥ 6 å ≥		4 Donation 5 Other (Specify)	S	t. Ann's	Cemet		eb. 19 Free	land Pen	nsylvania			
BALIIN ter death. Pag the funeral di yval.		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Maryland										
rs after or by the removal.		Francis J. Collins Funeral Home Silver Spring 23. PART I. Enter the diseases, or complications that caused the death, Do not enter the mode of dying, such as cardier or respiratory errest.										
within 24 hou pletely filled is cremation, or rent, the me		shock, or heart fallure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) DUE TO (OR AS & CONSEQUENCE/OF): DUE TO (OR AS & CONSEQUENCE/OF): DUE TO (OR AS & CONSEQUENCE/OF): DUE TO (OR AS & CONSEQUENCE/OF): DUE TO (OR AS & CONSEQUENCE/OF):										
th certificate be execuending physician and I Hygiene prior to bur	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST b. CAUSE (OR AS JONNEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d										
E He th	- 1	PART II. Other eignificent condition	s contributing to deeth b	Part I. 24s. WAS AN	, 24e. WAS AN AUTOPSY 24b. WERE PERFORMED? AMAIL							
signed Health	EDICAL			1 D YES 2	201	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?						
st of see	Σ. Σ								1 YES 2 NO			
PHYSICIAN: The law this certificate has be with the State Dept.	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			. PLACE OF DEATH (Ch	eck only one)					
ician: ertificathe St	HYSI	1 TES 2 THO	1 Inpatient 2 ER/Outp		-	iome 5 A Residence	6 Other (Specify)					
	ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. OATE OF INJURY (Month, Day, Year)	26b. TIM INJ	URY	INJURY AT WORK? YES 2 NO	28d. DEŞCRIBE HOW II	NJURY OCCURED				
DR ATTENDING DIRECTOR: After hours after death Item 28 is ma	TED E	3 Suicide 6 Could not be detarmined	26a. PLACE OF INJURY building, atc. (Spec	- At home, farm, a	treet, factory, c	ffice	261. LOCATION (Street a City or Town, State)	and Number or Rural R	loute Number,			
DIR.	COMPLE		CIAN: To the beat of my know									
	S		R: On the basis of examination	n and/or investigatio	n, in my opinio	n, death occured at the	time, date and placa, and	d due to the cause(e	and manner as stated.			
TO THE HOSPI TO THE FUNES be filed within	BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Mun tules	ex/ll		TO 0 Z	338	Peb 15				
2	2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type,	Print)				, -//-			
20		Richard P. Deland			ve Rd.	Silver Sp	oring, MD.	20904				
		FEB 2.1 1992	932 REGISTRAR'S SIGN	Andell.								
		1 1 1 1000	/	-								

4. S 57 9a.	SOCIAL SECURITY NUMBER 79-28-4717 FACILITY NAME (# not institution, give st	1X M 2 □ F 7		pps		REG. NO		3. TIME OF DEATH		
57. 9a.	79-28-4717 FACILITY NAME (If not institution, give st Potomac Valley Nu	1X M 2 D F 7				February	14, 1992	5:40 A M		
, ,	Potomac Valley Nu		9 YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Feb. 15,	1912 S. BIRTI	NPLACE (State or Foreign TY) South Brolina		
2 FE				Rockvi	DR LOCATION OF DE	EATN	% COUNTY OF DEATH Montgomery			
	a. STATE 16b. COUNTY			TOWN OR LOCAT			10d. INSIDE CITY LIMITS? 1 🔀 YES 2 🗌 NO			
	STREET AND NUMBER	NIL			ZIP CODE		WHAT COUNTRY?			
J 11. I	MARITAL STATUS Never Married 2 Married Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES	2 XNO	If yes, sp	20010 ENDENT OF NISPAN ecify Cuban, Maxica 2 XNO Specify	United States or No- 14. RACE - American Indian, Black, White, atc. Specify:				
	15. DECEDENT'S EDUC (Specify only highest grade of	completed)	16a. DECEDENT'S U (Give kind of wo				SINESS/INDUSTRY	lack		
MP L	Elementary/Secondary (0-12)	College (1-4 or 5+)	Maintena	rece Wor	dner & ker	Univers	Washingto ity Hospi	ital		
	FATHER'S NAME (First, Middle, Last) Unavailable				18. MOTHER'S NAI	ME (First, Middle, Malden	Sumame)			
	. INFORMANT'S NAME (Type/Print) Thomas L. Campbel	1			nd Number or Rural F	Boute Number, City or Tow				
20a.	. METHOD OF DISPOSITION	201	PLACE AND DATE OF			shington,	DC 2000			
40	Burial 2 () Cremation 3 - Ramo Donation 6 - Other (Specify)	oval from State cen	uburban (r place) remator	ry	2-15 Silv		g, Maryland		
21. 3	SIGNATURE OF FUNERAL SERVICE LICE	. 0	PP	Rapp	Funeral Sist Aven	Services, oue, Silver	P. A.	MD 20910		
LEICATION Sec. CALION that that	D. PART I. Enter the diseases, or compose, or heert feilure. LimeDIATE CAUSE (Finel sease or condition auiting in death) auiting in death) auiting list conditions, any, leading to immediate use. Enter UNDERLYING AUSE (Disease or Injury at Initiated events suiting in death) LAST	DUE TO (OR AS A OUE TO (OR AS A OUE TO (OR AS A	CONSEQUENCE OF):	Liver the mo	thigh	lover	iratory arreet,	Approximate Interval Between Onset and Deeth 10 mins. 20 mins.		
DICAL	Old Myocardial i	infarction	ut not reculting in	the underlying	g couse given in i	Part I. 24s. WAS AN PERFOR 1 TYES 2	MED?	. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
25. V		HOSPITAL:		26. PL	ACE OF DEATH (Che	ck only one)				
~ II '	MANNER OF DEATN 1 [X] Natural 5 [Pending	1 Inpetiant 2 ER/Outp 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	Nursing Hom- OF 28c. INJI IY WO	URY AT RK? (ES 2 NO	8 Other (Specify) 26d. DESCRIBE HOW IF	NJURY OCCURED			
0.	CERTIFIER (Check only one) 2 MEDICAL EXAMINER	IAN: To the best of my know	edge, death occurred and/or investigation,	at the time, data In my opinion, de	and place, and due	to the cause(s) and man	ner as stated. d due to the cause(s) and manner as stated.		
296.	SIGNATURE AND TITLE OF CENTIFIER	lenn	imo		29c, LICENSE NUM	DER 2047	Pebrua			
J	Joseph D. Connor, DATE FILED (Month, Day, Year) FEB 24 92		20 Old Ge		n Road,	Bethesda,				

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dical examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
by the funeral director, page 5 should be detached for use as the burial-transit emoval.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
s after death. Page 6 may be retained by the hospital or attending physician.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

1 - STATE REGISTRAD STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			ERIIF	CALE	- 01	DEA	III	REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF OEATH DA	N.	YEAR	3. TIME OF OEATH		
	Rex		LIS						02 2	20 1992 6:35P M				
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. In		IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTH Country	PLACE (State or Foreign		
	242-32-6315	63	YRS.			III OIII S		02-06-29)	N.	Carolina			
_	9e. FACILITY NAME (If not institution, give a	9b. CITY,	TOWN (OR LOCATIO	ON OF DEA	ATH	9c. COU	INTY OF D	EATH					
2	Doctor's Hospi	La	anha	am			Pri	nce	George's					
띮	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	10c. CIT	Y, TOWN C	B LOCAT	ION					10d. INSIDE CITY				
DIRECTOR	Maryland Prine					ما			- 1	LIMITS?				
	10e. STREET AND NUMBER						Beltsville					THAT COUNTRY?		
FUNERAL	11800 Ellington	n Drivo			20705						USA	HAI COUNTAIT		
N N	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. A	RMED	13.1							- American Indian		
	1 Never Married 2 Married		YES 2 K		1 1	f yes, sp	ecity Cuba	n, Mexican	, Puerto Rican, atc.)	07 110-		- American Indian, White, atc.		
ВУ	3 Widowed 4 Divorced	" 1E3, GIVE (AN ON OATES			1 1 169	\$4.5010	Specify:			Speci	W Black		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. D	ECEDENT'S Give kind of a	USUAL O	CCUPATIO	ON		16b. KIND OF BUS	INESS/IN	DUSTRY			
4	Elementary/Secondary (0-12)	College (1-4 or 5		e. Do NOT us	e retired.)	ourny mo	ist or worker	N .						
M		4+		Chem	ist			_	Dep	t.Of	E Ag	riculture		
8	17. FATHER'S NAME (First, Middle, Last)								IE (First, Middle, Malden					
BE	Kirby Ellis								bia Smit					
0	19a, INFORMANT'S NAME (Type/Print)								oute Number, City or Town					
	Florence Ellis	(wife)						n Dr				MD 20705		
	20a. METHOD OF DISPOSITION NSSTEIN 3 □ Rem	oval from State	20b. PLACE cemetery, cr	AND DATE O	of DISPOS ther place)	ITION (Na	me of		DATE 20c. LO	CATION -	City or To	wn, State		
1	4 Donation 8 Other (Specify)	ventile /	- IMa N	at'I				Park	2/25 La	ure	1, N	1D		
	The state of	77 /)	111110	4/2	22.				NERAL HO	MF.	PZ			
	Ceoupe	C. / O.	uon i	alli					MD 208		1 • 1			
	23. PART I. Enter the diseases, or ahock, or heart feiture.	I let only one car	ice on each lin							ratory ar	reat,	Approximate		
	IN THE CUSTOCION CULTURE COSTS										Onset and Death			
	disease or condition resulting in death)	. /2/	29/R	TIC	C	120	2/4	0%	12/15/5					
		DUE TO	OR AS A CONST	SCZE	roti	CE	Mear	t Dai	sease		0			
NO	Sequentially list conditions,	DUE TO (OR AS A CONSEQUENCE OF): Arteriosclerotic Heart Disease Action Republish Conditions.												
CERTIFICATION	DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING									1				
임	CAUSE (Disease or injury C. Due TO (OR AS A CONSEQUENCE OF):													
E	resulting in death) LAST	4												
		u,												
EDICAL	PART II. Other algnificent condition	e contributing to	deeth but not	resulting	In the un	deriyin	g ceuse g	given in F	Part I. 24s. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO		
ă						1 YES 2 NO						COMPLETION OF CAUSE OF DEATH?		
2												1 TES 2 NO		
ÿ														
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER	-	ACE OF D	EATH (Chec	ck only one)					
PHYSICIAN:	1 YES 2 NO	1 Inpatient 2		_	4 🗆 Nun	ling Hom	_		Other (Specify)					
	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF (Month, E		28b. TIM	URY		PIK?		28d. DEŞCRIBE HOW (I	VJURY OC	CURED	ì		
BY	2 Accident Investigation	00 - 50 -05 (P 181 H 1994 A. L			1 📙 '								
8	3 Suicide 8 Could not be 4 Homicide determined	building.	of INJURY — AI h otc. (Specify)	iome, term, i	Itreet, Tect	ory, offic	•		281. LOCATION (Street a City or Town, State)	nd Numbe	r or Rural R	oute Number,		
E	29a, CERTIFIER										_			
M M	(Check only													
MEDICAL EXAMINER: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause								he ceuse(s	and manner as stated.					
BE	296. SIGNATURE AND TIREE OF CENTRIES	Len	_				Sec. NCE	ENSE NUM	9 9	29d, CAT	TE SIGNED	(Mgnth, Day, Year)		
5	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED O	SE OF BEATT	EM em e	0-4		0/	27	//		12/	72		
	TO HALL IN	LA COMPLETED CAU	POLL I	(Npo.	Print)	2.	В	K	over.	4.	2001	206		
	31. DATE FILED (Month, Day, Year)	32. REGISTIN	R'S BIGNATIVE		17	W - 4	4	H.d.	- Cruch (PRI	1000	7		
	FFR 24 92	Carrie VI	W(d)	ALC: NO.						0	2	0760		
	110 - 10-	V			-4						_			

British Go

FOR 1 - STATE REGISTRAR	STATE OF	MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGI REG.	
1. DECEDENT'S NAME (First, Middle, Last)	-1	ENGERIV	2. DATE OF DEATH	H

1. DECEDENT'S NAME (First, Middle, Last)	,				2. DATE OF DEATH		3. TIME OF DEATH				
SANDRA	J	ED6	ERL	Y	MONTH 2	6 62	2300 N				
4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. lest birthday)	IF UNDER 1 YE			8. Bit	RTHPLACE (State or Foreign				
215-48-5168	1 M 2 F	43 YRS.	MONTHS D	WS HOURS MIN	June 24,		(aryland				
9s. FACILITY NAME (If not institution, give s	treet and number)		9b. CITY, TO	WN OR LOCATION OF		9c. COUNTY O	4				
20901 Lochaven C	ourt .		GAL	THERS	BURG	mon	TGOMOR,				
10s. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d.											
MD MON	TGOME	RY GI	FITH	ERSB	URK		LIMITS?				
10s. STREET AND NUMBER	, , , , , ,			101. ZIP CODE		10g. CITIZEN C	F WHAT COUNTRY?				
20901 Lochaven	Court			2.0	FPS.	Unite	d States				
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2X NO	If ye	DECENDENT OF HIS	PANIC ORIGIN? (Specify Y dcan, Puerto Rican, etc.)	Specify: Wh					
15. DECEDENT'S EDU		16a. DECEDENT'S			16b. KIND OF B	USINESS/INDUSTR	Υ				
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT u	work done durir se retired.)	ng most of working							
	1	Legal	Secret	ary	Legal	Office					
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S	NAME (First, Middle, Melde	en Sumeme)					
Marvin Kidd				Jan	e Cantwell						
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (SI	reet and Number or Ru	rel Route Number, City or To	own, State, Zip Code)				
David E. Edgerly		20901	Locha	ven Cour	, Gaithers	burg, MI	20882				
20a, METHOD OF DISPOSITION		20b. PLACE OF DISPO	SITION (Name	of cemetery, cremetory	or 20c, L	OCATION — City o	r Town, State				
1 Burial 2 Normation 3 Rem 4 Donation 5 Other (Specify)	oval from State	Montgomer	y Crem	atorium.	Inc. Bet	hesda, M	Marvland				
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE				FACILITY	1 **	ne/Rockville				
Robert	tanah	M0019			1	venue 20850-28					
disease or condition resulting in death) a. ARBON MONOXIDE I-NTOXICATION BUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):											
Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST											
DART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I, 24a, WAS AN AUTOPSY 24b, WERE AUTOPSY FINDINGS											
			PERFORMED? 1 YES 2 NO 244. WEST AND UTD'SY PROBLED? AMILIABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO								
25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF DEATH	(Check only one)						
EXAMINER?	HOSPITAL:	ER/Outpetient 3 DOA	OTHER:		ce 6 Other (Specify)						
27. MANNER OF DEATH	25a. DATE OF IN	JURY 28b, TIR	ME OF 28	c. INJURY AT	28d. DESCRIBE HOV	V INJURY OCCURE	0				
1 Netural 5 Pending	Z /6		JURY M	WORK?	CLOSER	CPA	- 25				
2 Accident Investigation Sy Suicide 6 Could not be	28e. PLACE OF	NJURY At home, farm,			281. LOCATION (Street	et and Number or Ru	ral Route Number,				
4 Homicide 6 Could not be	building, et	c. (Specify) Hom			City or Town, Ste	OCATION (Street and Number or Rural Route Number, Stry or Town, State)					
		y knowledge, death occur	red at the time		due to the cause(s) and n						
		and a second sec	ort, ar my open				se(s) and manner as stated.				
29b. SIGNATURE AND TIRLE OF CERTIFIE	011	1.11	111	29c. LICENSE	NUMBER		NED (Month, Day, Year)				
Maile.	seen	Mall	u	007	099	2 -	18-92				
FRANCIS C	O COMPLETED CAUSE			SIN AVA	BETH	ESDA1	Mesaga				
31. DATE FILED (Month, Day, Year)	32. REGISTRAR				1.15						



BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	led in by the funeral director, page 5 should be detached for use as the burial-transit permit. , or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year)
FFR 27 1992

32. REGISTRAR'S SIGNATURE

This Devices - Rudall

1. DECEDENT'S HAME (First	t, Middle, Last)									2. DAT	E OF DEATH			3. TIME OF DEATH
Mary Ann Edmonds Fyfe										Feb. 26, 1992 YEAR 2:00				
		5. SEX	6. AGE	(In yrs. les			R 1 YEAR	IF UNDE	R 24 HRS.	7. DATE	F OF BIRTH		e. BIRTI	IPLACE (State or Foreign
016-24-1277	-1277 1 □ M 2 🔯 F 91 YRS. ME (If not institution, give street and number)					MONTHS	DAYS		MIN.	_	ith, Day Your)	.900	SCO	tland
								OR LOCAT	ION OF D	EATH			HTY OF D	
	7641 The Pipkin House							James				Wa	shin	gton
10e. STATE	10b. COUNT	10c. CITY, TOWN OR LOCATION											10d, IHSIDE CITY	
						. Ja	ames	6		LIMITS?				
10e. STREET AND NUMBER							7	101, ZIP COD				10g. CIT	IZEH OF V	WHAT COUNTRY?
17641 The F	'ipkin	House						2	21781				USA	1
11. MARITAL STATUS		12. WAS DECEDEN FORCES? 1	T EVER	N U.S. AR	MED	13.	WAS D	ECEHDENT	OF HISPAI	HIC ORIGI	N? (Specify Yes	or Ho-	14. RACI	E — American Indian.
1 Hever Married 2 3 Widowed 4 Divo		IF YES, GIVE V	MR OR C	ATES	10			ES 2 HO			Rican, atc.)		Spec	k, White, atc.
15. DEC	EOENT'S EOU y highest grade	CATIOH COMPONENTS		18a. DE	CEDENT'S L	SUAL O	CCUPAT	TION		16	b. KIND OF BUS	INESS/IH	DUSTRY	
Elementary/Secondary (0		College (1-4 or 5	+)				during r	most of worki	ng					
8 years				pr	inte						printin		part	ment
17. FATHER'S HAME (First, M Alexander	liddle, Last)	Bruce									Middle, Malden	Surname)		
19a. IHFORMAHT'S HAME (1	Ema (Print)	prace				-		Mar	-		dmonds			
Mary E. Ba								and Numbe .pkin			ober City or Town			land 21781
20a. METHOD OF DISPOSIT		comi from Ctot-	200	PLACE	AHD DATE OF	FDISPOS	SITIOH (Name of		DA		CATIOH —		=
4 Donation 5 Other	(Specify)		_ C	edar	Lawn			ial Pa			28 Hage	ersto	wn,	Maryland
Shuld)	Min	MO	h		G€	eral	AND ADDRE	Min	nich				nac Street
23. RART i. Enter tha di	iseesea, or	complications that	t cause	d the de	eth. Do no	t enter	the m	cal Ho	ing auc	h ee cer	Hage	ersto	wn,	Maryland Approximate
ahock, or hi	aart TallUre,	List only one cau	ise on e	ach lina				,			olde of Teap	atory an	out,	Interval Between
disease or condition		Con	1111	Lui	a. 1	2	1/4	3.1						Onset and Death
resulting in death)		OUE TO	OR AS	COHSEC	DUENCE OF	i i	2 10	circo	20-					1 milar
		in	lur	uzer	Persti		110-	ailes	Tia	lac	2-			may
Sequentially list conditi if any, leading to imme-	diete	DUE TO	(OR AS A	COHSEC	VEHCE OF)									7
CAUSE (Disease or inju		с												
that initiated events resulting in deeth) LAS	,	DUE TO	(OR AS A	CONSEC	DUENCE OF)	:								
		d												
PART II. Other significe	nt condition	s contributing to	death b	ut not r	esulting in	the ur	nderlyli	ng ceuse	given in	Part I.	24s. WAS AN	AUTOPSY	24b.	. WERE AUTOPSY FINDINGS
											PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
											1 TYES 2	□ NO		OF DEATH?
										_				1 TES 2 NO
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL						26. I	PLACE OF D	EATH (Chi	ack only o	ne)	-		
1 YES 2 NO		HOSPITAL:	ER/Outp	ettent 3		OTHER UNUN		me 5 DAG	sidence	8 🗆 Othe	er (Specify)			
27. MAHHER OF OEATH		28a. DATE OF (Month, D			28b. TIME INJU	OF	28c. IH	JURY AT			SCRIBE HOW IN	JURY OC	CUREO	
	Pending investigation					М		YES 2	NO					
	Could not be	28a. PLACE O building,	F IHJURY atc. (Spec	— At hor	me, ferm, str	reet, tect	tory, affi	Ica		281. LOC C/fy	ATIOH (Street a or Town, State)	nd Number	or Rural R	loute Number,
29a. CERTIFIER	IEVINO BUVO	CIAN: To Res base									W-1180-200	_		
(Check only one) 2 MEOI	CAL EXAMINE	CIAN: To the best of R: On the basis of a	my know	ledge, der n and/or li	nth occurred nvestigation,	int the ti	ilme, dat opinion,	ta and place death occur	, and dua red at the	to the car	use(a) and man a and place, and	ner as stat I due to th	ed, e cause(s) and manner as stated.
29b. SIGNATURE AND TITLE	OF CERTIFIER	-				6)		HSE NUN					(Month, Day, Year)
30. HAME AND ADDRESS OF		Edmy	1	King	8	1	1	1	ת ת	81	~>	•	/	7/95
30. HAME AND ADDRESS OF	PERSON WHO	O COMPLETEO CAUS	E OF SE	ATH (ITE)	27) (Type, F	Print)	-		/	7)	/		12	6.6

Marie I. Henry

Mill of S

	1 - STATE REGISTRAR	TATE OF MARYLAND / DEPARTI CERTIFIC	MENT OF HEALTH AND ME	NTAL HYGIENE REG. NO.				
	1. DECEDENT'S NAME (Fin Middle, Last)	Mason	2.	DATE OF DEATH DAY	3. TIME OF DEATH 992 5:00 P. M			
	4. SOCIAL SECURITY NUMBER 2 18-30-9796 9a. FACILITY NAME (If not institution, give street ar	42 □ F 93 YRS. M		DATE OF BIRTH (Morith, Day, Year) Ct. 6, 1898	BIRTHPLACE (State or Foreign Country)			
DIRECTOR	Washington County Ho	spital	3772	ashington				
DIRE	Maryland Washing		rown or location erstown		10d. INSIDE CITY LIMITS? 1 YES 2 NO			
ERAL	100. STREET AND NUMBER 971 Mulberry Ave.		ZEN OF WHAT COUNTRY?					
BY FUNERAL	1 5	WAS DECEDENT EVER IN U.S. ARMED ORCES? 1 XYES 2 NO EYES, OIVE WAR OR DATES.	13. WAS DECENDENT OF HISPANIC Of it yes, specify Cuban, Maxican, Pt 1 YES 2 NO Specify:		Yes or No 14. RACE American Indian, Black, White, stc. Specify: White			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade comple Elementary/Secondary (0-12) Coll	oted) 16a. DECEDENT'S US (Give kind of wor life. Do NOT use r Master	k done during most of working etired.)	166. KIND OF BUSINESS/IND	USTRY			
BE CO	17. FATHER'S NAME (First, Middle, Lest) Howard Fridinger		Cora Pade					
5	19a. INFORMANT'S NAME (Type/Print) Kathleen Ahalt Fridi		ODRESS (Street and Number or Rural Route Lberry Ave. Hager					
	20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Ramoval fr 4 Donation 6 Other (Specify)	om State 20b. PLACE AND DATE OF Considery Semantics of other	Perematory 3-1-		city or Town, State rg, MD			
	21. SIGNATURE ON FUNERAL SERVICE LICENS	Navis	22. NAME AND ADDRESS OF FACILITY Davis Funeral Rt. 3 Box 78 S		21783			
	23. PART I. Enter the diseasea, or compishock, or heart failure. List of immediate CAUSE (Final disease or condition resulting in death)	cetions that caused the death. Do not not one cause on each line.	enter the mode of dying, such as	cardiac or reapiratory arm	Approximata Interval Between Onset and Death			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):	Congestion 6	l discore front Fail	ley lo year			
PHYSICIAN: MEDICAL	light field	pleural effect	rion of untimen	PERFORMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
BY PHYSICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1							
	4 Homicide determined	28e. PLACE OF BUJURY — At home, ferm, stre- building, etc. (Specify)	et, factory, office 28f.	LOCATION (Street and Number of City or Timen, State)	or Rural Resulte Mumber,			
COMPLETED		To the best of my knowledge, death occurred in the beels of examination and/or investigation,						
TO BE	30. NAME AND ADDRESS OF PERSON MHO COM	Organal Hym PLEYED CAUSE OF DEATH (ITEM 27) (750), FF	29c. LICENSE NUMBER	359 PATE	SIGNED (Morth, Day, Year)			
		MD- 1459	Potomac /	We. Kac	rerstown.			
	MAR 03 1992 \$	in Daviden-Ray das 2.		`	▼			



Role; Mason Fridh Fe as New Self

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BALTIMORE, MARYLAND 21215-002	2	
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicians and approximately the secured physician or attending physician or attending physician or attending the secured physician or attending the physic	
7	F	
5	ING	
=	END	
15	ATT	
=	DR	1
	-	

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages is be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTI	MENT OF H	EALTH AND I	MENTAL HYGIENE	16	00.20			
H	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	YEAR	3. TIME OF DEATH			
	IRA	FRAZIER				02 16		1 15A M			
	4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIR	THPLACE (State or Foreign ntry)			
	438 38 8595	¹ M 2 □ F 67	YRS.	MINS DATE	HOURS WIN.	10-22-24		mown			
~	9a. FACILITY NAME (If not Institution, give a	treet and number)	9	b. CITY, TOWN O	R LOCATION OF DE	EATH	9c. COUNTY OF				
0	PRINCE GEORGE	HOSPITAL CENT	TER	CHEVER	Y I		PRINCE	GEORGE S			
DIRECTOR	10a. STATE 10b. COUNTY	1	10c, CITY, T	OWN OR LOCAT	ION			10d, INSIDE CITY			
PIE	Marriland Drin	as Coopers				LIMITS?					
	Maryland Prine 100. STREET AND NUMBER	ce George,s	ISeat	Pleasai	ZIP CODE		10a CITIZEN OF	1 F YES 2 NO			
ER/	1119 Chapelwood	Tano		2	0743	Tog. of the opportunity					
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S	S. ARMED			HC ORIGIN? (Specify Yee o	USA K No.— 14. BA	CF — American Indian			
	1 Never Married 2 Married	FORCES? 1- YES 2 IF YES, GIVE WAR OR DATES	NO		city Cuban, Maxica	n, Puerto Rican, atc.)	Ble	ck, White, atc.			
BY	3 Widowed 4 Divorced			' '	2 X No Specify	<i>r</i> .		ack			
	15. DECEDENT'S EDUC (Specify only highest grade	CATION 16:	. DECEDENT'S US	UAL OCCUPATIO	N at of working	16b. KIND OF BUSII		aca			
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use n	etired.)	t or working						
P P	12		Carpent	er		Buildi	ng				
ខ្ល	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden St	urname)				
BE	Unknown				Unkn	own					
2	19a. INFORMANT'S NAME (Type/Print)		196. MAILING AC	ORESS (Street at	nd Number or Rural I	Route Number, City or Town,	State, Zip Code)				
	Alice Jurgins		3412 Br	rinkley	Rd., #3	03, Temple	Hills,	MD 20748			
	20a. METHOD OF DISPOSITION 1 □XBurlel 2 □ Cremation 3 □ Ramo		ACE AND DATE OF C		ne of	DATE 20c. LOCA	TION City or	Town, Stata			
	4 Donation 6 Other (Specify)	Oua Oua		tional	Cemeter	yi 2-21-92 C	uantico	, VA			
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	7	22. NAME AN	D ADDRESS OF FA	W. W. Ch	ambers	Co.			
	11/11/11	ambusin	M00091	517 1	lth Stre	et, SE, Was					
	23. PART I. Enter the diseases, or o	complications that caused the	e deeth. Do not					Approximata			
	ehock, or heart feliure. I	List only one ceuse on each	ilne.			0		interval Between Onset and Death			
- 1	disease or condition	dition 1									
ı	resulting in death)	OUE TO (OR AS A CO		01	1100 -	July					
2	CONTRACTOR PRODUCTION OF THE PARTY.	RESPIRATORY failure									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	quentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):									
S	ceuse. Enter UNDERLYING CAUSE (Disease or injury	Lying a Chance obstactive lung diseaso									
	that initiated eventa resulting in death) LAST	DUE TO (OR AS A CO	NSEQUENCE OF):			J	a cons				
H	reading in death) Exst	1									
AL O	PART il. Other significent condition	a contributing to deeth but r	not recuiting in t	he underlying	ceuse given in	Part i. 24s. WAS AN AI	UTOPSY 24	ib. WERE AUTOPSY FINDINGS			
8					Secure and	PERFORM	ED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
PHYSICIAN: MEDIC						1 □ YES 2 X	NO	OF DEATH?			
Σ								1 TYES 2 NO			
AN	25. WAS CASE REFERRED TO MEDICAL			20 64	ACE OF DEATH (Chi						
2	EXAMINER? 1 ☐ YES 2 🔯 NO	HOSPITAL:		THER:							
£	27. MANNER OF DEATH	1 Mnpatiant 2 ER/Outpaties 28a. DATE OF INJURY	26b. TIME O			8 ☐ Other (Specify) 28d. DESCRIBE HOW INJ	tim coounes				
	1 Netural 5 Pending	(Month, Day, Year)	INJUR	WOF		200. DESCRIBE HOW INJ	ONT OCCURED				
BY	2 Accident Investigation 3 Suicide & Could not be	26s. PLACE OF INJURY — /	At home form street		ES Z NO	204 LOCATION (Street on	4.44	(D. 1. N - 1			
	4 Homicide 6 Could not be	building, atc. (Specify)	st troine, lettin, etter	et, rectory, office		261. LOCATION (Street and City or Town, State)	I Number of Hure	Houte Number,			
4	29s. CERTIFIER	AND THE RESERVE									
COMPLETED		CIAN: To the best of my knowledge.									
8		R: On the basia of axamination and	wor investigation, i	n my opinion, de	ath occured at the	time, data and place, and	dua to the cause	(a) and manner as stated.			
4	296. SIGNATURE AND TITLE OF CERTIFIER	14 chas	La	-	29c. LICENSE NUM			D (Month, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON WHO	Company of the	100		1) 1	7540	2-1	7-92			
	A. Shaig	anv. M.D., Pri	nce Geor	cae.s Ho	ospital	Center, Che	verly,	MD			
	FFB 25 '92	33 REGISTRAN'S SIGNATURE	كالمالية				1817	7407			
	HB 67 36										

92 00:23 Jack of Land

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filed within 72 hours after death with the State Dept, of Health and Mental Hygiens prior to burial, cremation, or removal.	ust be notified at once.
within 24 nours after death. Page	pletely filled in by the funeral din cremation, or removal.	rent, the medical examiner
e death certificate be executed	he attending physician and com Mental Hygiene prior to burial, o	jury, or other traumatic ev
SICIAN: The law requires that th	certificate has been signed by the State Dept. of Health and	, or Item 23 shows any in
TO THE HOSPITAL OR ATTENDING PHY.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the furber filled within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Month, Day, Year)
FEB 21 '92

											(32	06424	
	1 - STATE REGISTRAR	STATE OF N	MARYLAND C	/ DEPAR	TME	TOF I	HEALTH DEAT	AND I	MENTAL	HYGIEN REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)	Elsie	e Fill	men					2. DATE O MONTH	F DEATH	AY	YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Is	ast birthday)	IF UND	ER 1 YEAR	IF UNDER	24 HRS.	7. DATE O			- Cod	2:00 AM®	
	578-40-9429	1 □ M 2 🔯 F	97	YRS.	MONTHS	DAYS	HOURS	MIN.		Day, Year)	,	Country	SYLVANIA	
	Se. FACILITY NAME (If not institution, give	,			9b. CI	TY, TOWN	OR LOCATIO	ON OF DE						
OR	NATIONAL LUTH	HERAN HO	ME			ROC	CKVI	LLE.	,		MOI	NTGO	MERY CO.	
5	RESIDENCE OF DECEDENT 100. STATE 100b. COUNT	~									110.	1100	HEREI CO.	
DIRECTOR		XANDRIA	1			LIMITS?						10d. INSIDE CITY LIMITS? XXYES 2 \(\square\) NO		
	10e. STREET AND NUMBER					-	I. ZIP CODE				10a CITI		HAT COUNTRY?	
FUNERAL	2625- VAN I	ORN STR	REET					2230)2		1 1	J.S.		
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. A	RMED	15	. WAS DEC	CENDENT O	F HISPAN	IC ORIGIN?	(Specify Ver			- American Indian,	
	1 Never Married 2 Merried	YES 2	¥10	D 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yes, specify Cuben, Mexicen, Puerto Rican, etc.) 1 □ YES 2 ☒ NO Specify:					en, etc.)	0,10	Black,	White, etc.		
ВУ	3XXWidowed 4 Divorced						2 LYNO	зреску.				Specify	WHITE	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16e. D	ECEDENT'S	USUAL	OCCUPATION OF	ON net of working	7	16b. F	IND OF BU	SINESS/IND	USTRY		
Ë	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) (Give kind of work done during most of working life. Do NOT use retired.)													
MP	12			CLE	RK					NOT	AVA	ILAB	LE	
	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	ER'S NAM	ME (First, Mic	idle, Maiden	Surneme)			
BE	JOHN H. D	ANKEL								L. REESE				
2	19e. INFORMANT'S NAME (Type/Print)	-	19	9b. MAILING	ADDRE	SS (Street a	and Number	or Rural A	loute Number	City or Tow	n, Stete, Zip	Code)		
	REV.DR. REICHA	RD	9	701-	VI	EIRS	DR.	, RO	CKVI	LLE,	MD.	2085	50	
	20a. METHOD OF DISPOSITION 1 XBuriel 2 Cremetion 3 Rem	ovat from State	20b. PLACE cemetery, cr	AND DATE	OF DISPO	SITION (Na	ame of		DATE	20c. LO	CATION —	City or Tow	rn, State	
	4 Donatton 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICALI		CED	ARH						SU	ITLA	ND,	MD.	
							ND ADDRES		, INC					
	M.W.F	wsow	1			130	$\Omega - N$	ST	NITAL	TaT 7	SH.	DC	20005	
	23. PART t. Enter the diseases, or shock, or heart fellure	Last only one care	ceused the d	eeth. Do n	ot ente	r the mo	de of dyle	ng, auch	aa cerdis	c or reepi	ratory arm	eet,	Approximata	
	shock, or heart felture. Last only one cause on each line. IMMEDIATE CAUSE (Finel									Interval Between Onset and Death				
	disease or condition recuiting in death) a. Sop ficting Due to (or as a consequence of):													
		DUE TO (OR AS A CONSEQUENCE OF):												
S	Sequentieity list conditions, If any leading to impredicts Due TO (OF AS A CONSCOURNCE OF):													
AT	if any, leading to immediate couse. Enter UNDERLYING	. 0 1			F):									
윤	CAUSE (Disease or injury that initiated events	c. H 2	OR AS A CONSE	EL S	n.									
ERTIFICATION	resulting in death) LAST		(on no n conce	OULITOE OF	<i>)</i> •									
빙	d													
A.	PART II. Other significant condition	s contributing to	death but not	reaulting I	n the u	nderlying	g ceuee g	iven in F	Part I. 2	a. WAS AN			VERE AUTOPSY FINDINGS	
PHYSICIAN: MEDICAL									_ 1	YES 2			WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
M									_	-			YES 2 NO	
Z														
를 달	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		ACE OF DE	ATH (Chec	ck only one)					
₹	1 TYES 2 NO	1 Inpatient 2 I			4 X Nu		e 5 🗆 Res	idence 6	Other (Specify)				
	27. MANNER OF DEATH 1 St Natural 5 Pending	26e. DATE OF (Month, Da		28b. TIMI	URY	28c, INJ WO	URY AT		28d. DESCI	HBE HOW IN	JURY OCC	URED		
B	2 Accident Investigation	20- 81 405 05	* 65.4 64.400m2		м		YES 2	-						
9	3 Suicide 8 Could not be 4 Homicide determined	building,	INJURY — At he etc. (Specify)	ome, term, s	treet, fac	ctory, office	•		26f. LOCATI City or	ON (Street a Town, State)	nd Number (or Rural Roo	ute Number,	
COMPLET	29e. CERTIFIER	200												
MP	(Check only	CIAN: To the best of a	my knowledge, de	eath occurre	d at the	time, date	end place,	end due to	o the cause	(s) end man	ner ee state	d.		
8	2 MEDICAL EXAMINE	And and a	amination end/or	Investigation	n, In my	opinion, d	esth occure	d at the ti	ime, date en	d place, end	f due to the	cause(s)	and manner ee stated.	
BE	296. SONATURE AND TITLE OF CENTIFIER	11/1/					29c. LICEN		_		29d. DATE	SIGNED (A	Nonth, Day, Year)	
2	20 NAME AND ADDRESS OF BEING	W					DSS	313	8		> 2	17.	-72	

MO

WHO COMPLETED CAUSE OF DEATH (ITEM 27) GIPPO, Print)

TOTS DVIVE GET MOUNTOWN

A. REGISTAR'S SIGNATION

TO MAN DEMONSTRATES AND SIGNATION

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TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR	STATE OF MARY		ITMENT OF I		MENTAL HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)					2, DATE OF DEATH		3. TIME OF DEATH
Julia T.	Fitzpatric	k			^{M2} 15 ^M	1995	4:06 A
4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. 8	BIRTHPLACE (State or Foreign Country)
213-74-4198	1 □ M 2020/E 85	YRS.	MONTHS DAYS	HOURS MIN.	8-18-190)6	Ireland
9a. FACILITY NAME (If not institution, give stre	eet and number)		9b. CITY, TOWN	OR LOCATION OF DE	ATH	9c. COUNTY	OF DEATH
Villa Rosa Nur	sing Home	9	Mitche	ellvill	e	Prin	ce George
RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		10c CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CITY
140	COMEDM	1					LIMITS?
100. STREET AND NUMBER	GOMERY		DERWOOI	f. ZIP CODE		10a CITIZEN	OF WHAT COUNTRY?
E ADDITION COURT							USA
5 APPLEWOOD COURT	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DEC	20855	IIC ORIGIN? (Specify Yea	or No.— 14.	RACE — American Indian,
1 Never Married 2 Married	FORCES? 1 YES	2 X NO	If yes, sp		n, Puerto Rican, atc.)		Black, White, etc. Specify:
3 ☐ Widowed 4 ☐ Divorced	ii ies, dive tinti on	DAILS		2 Miles Specify	•		WHITE
15. DECEDENT'S EDUC. (Specify only highest grade of			USUAL OCCUPATE work done during me		16b. KIND OF BUS	INESS/INDUST	
Elementary/Secondary (0-12)	College (1-4 or 5+)	Me. Do NOT u	se retired.)	ost or working			
6		HOMEN	LAKER				
17. FATHER'S NAME (First, Middle, Last)		No. of the last		1216	ME (First, Middle, Maiden		
JOHN O'FLAHERTY				MAF	RY O'FLAHER	TY	
19a. INFORMANT'S NAME (Type/Print)		The second second			Route Number, City or Town		30003
KATHLEEN F. DALY	(DAUGHTER)	13900	NORTH E.	AST 34TH	PLACE BELI	EVUE,	VASHINGTON
20a. METHOD OF DISPOSITION 1 N Burlal 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)		ob. PLACE ANO OAT of cemetary, crematory ATE OF HI				ZER SPE	or Town, Stata RING, MARYLAND
21. SIGNATURE OF FUNERAL SERVICE LICE			22. NAME A	ND ADDRESS OF FA	CILITY	AT HOL	CE TNO
> 68m D	Sent				LINS FUNER BLVD., W.		PR., MD. 20901
23. PART I. Enter the diseases, or co			not entar the me	oda of dying, suc	h as cardiac or reapi	ratory arrest	Approximate Interval Between
IMMEDIATE CAUSE (Final	San only	t acii iiie.					Onset and Death
diseese or condition resulting in death)	24	157					
	DUE TO (OR AS	A CONSEQUENCE O					
Sequentially list conditions,	1/14)	men		mi			
if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE O	OF):				
CAUSE (Disease or injury	0115 TO 100 A0	A CONSEQUENCE O				1	
that initiated events resulting in death) LAST	OUE TO (OH AS	A CONSEGUENCE C	r-j:				
	1.						
PART IJ-Other aignificent conditions	contributing to deeth	but not reaulting	In the underlyin	ig ceuse given in			24b. WERE AUTOPSY FINDINGS
Mukinsmis	~-,				PERFOR 1 YE\$ 2		AVAILABLE PRIOR TO COMPLETION OF CAUSE
Meral in	sulfini.						OF DEATH?
-	MO				_		
25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (Ch	eck only one)		
EXAMINER?	HOSPITAL:	ripatient 3 DOA	OTHER:	ne 6 🗆 Residence	6 ☐ Other (Specify)		
27. MANNER OF DEATH	26a. DATE OF INJURY	7 26b. TII	ME OF 28c. IN	JURY AT	28d. DESCRIBE HOW I	NJURY OCCUR	EO
1 Natural 5 Pending	(Month, Day, Year)) IN		YES 2 NO			
2 Accident 3 Suicide 6 Could not be	28e. PLACE OF INJUI	RY — At home, farm,	street, factory, offi	ce	261, LOCATION (Street a	and Number or I	Rural Route Number,
4 Homicide detarmined	building, etc. (Sc	эвспу)			City or Town, State)		
29e. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my kno	owledge, death occur	red at the time, dat	and place, and rhis	to the cause(s) and man	mer as stated.	
CONTROL ONLY							suse(a) and manner as stated.
29b. SICHATURE AND TITLE OF CENTIFIER				29c. LICENSE NUI			GNED (Month, Day, Year)
TUILL	1 Mg			23.5	261	> 7 -	-15-92
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF I	DEATH (ITEM 27) (Typ	e, Print)	, , , ,			1,
			and the same of th	A	- A	8	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE RUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

(Month, Day, Year) 19 '92

it. Pages for 3 tradition	DIRECTOR	9a. FACILITY NAME (II not institution, give stree SUBURBAL) RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	XM20F 76	9b. CITY, 10c. CITY, TOWN O	TOWN OR LOCATION OF DE BETHES	2. DATE OF DEATH MONTH DAY 2 /3 7. DATE OF BIRTH (Month, Day, Year) 19 EATH	9. SHITTHPLAN ITTTING 9. COUNTY OF DEATH MONTGO	1
5-0020 nofing physician. as the burial-transit permit.	BY FUNERAL	100. STREET AND NUMBER	2. WAS DECEDENT EVER IN FORCES? 1 XI YES IF YES GIVE WAR OR DATE WITH THE PROPERTY OF THE PROP	Drive	10f. ZIP CODE 2 0 5 4 WAS DECENDENT OF HISPAN I yea, specify Cuben, Mexica YES 2 X NO Specifi	NIC ORIGIN? (Specify Yes on, Puerto Rican, atc.)	Black, Wh	American Indian.
YLAND 2121 by the hospital or atta be detached for use at once.	BE COMPLETED	17. FATHER'S NAME (First, Middle, Last) Samuel Frank	mpleted) College (1-4 or 5+)	16e. DECEDENT'S USUAL OC (Give kind of work done a time. Do NOT use refired.)	ian 18. MOTHER'S NA	Federal ME (First, Middle, Maiden Stawalski	Government	
ALTIMORE, MA reath. Page 6 may be retain the funeral director, page 5 sho la. examiner must be notifit	101	19e. INFORMANT'S NAME (Type/Print) Janet Frank (William) 20e. METHOD OF DISPOSITION 1 M Burlet 2 Cymetion 3 Remove 4 Donation 5 (Lifther (Specify)) 21. SIGNATURE OF FUNERAL SERVICE EXEN	KI	11706 Trai		e, Potomac, N\$2/16 Fall CILITY BERG MEMORI	MD 20854 ATION — City or Town, s. S. Church, AL CHAPELS	Virginia S, INC.
S, P.O. BOX 68760, death certificate be executed within 24 hours all attending physician and completely filled in by small Hygiene prior to burial, cremation, or remover, or other traumatic event, the medical program of the contract of th	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST	MYOCARD DUE TO (OR AS A CO	the death. Do not enter the line. CONSEQUENCE OF: CONSEQUENCE OF: CONSEQUENCE OF:	NFARC	TION 4-SCULAR	atory arrest,	Approximate Interval Between
RECORE requires that the record is signed by . of Health and shows any in	SICIAN: MEDICAL	PART II. Other significant conditions of the Con	ME'LL		derlying cause given in	PERFORM 1 VES 2	RED? AMAI COM DF 0	RE AUTOPSY FINDINGS LABLE PRIOR TO IPLETION OF CAUSE DEATH? YES 2 NO
DIVISION OF V OR ATTENDING PHYSICIA DIRECTOR: After this certif hours after death with the them 28 is marked, or	LETED BY PHY	27. MANNER OF DEATH Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only)	28s. DATE OF INJURY (Month, Day, Year) Z- 3 7 28s. PLACE OF INJURY - building, etc. (Specif)	28b. TIME OF INJURY M At home, ferm, street, factor Gge, death occurred at the tie	ing Home 5 Recidence 28c. INJURY AT WORK? 1 YES 2 NO iny, office The, date and place, and due	28d. DESCRIBE HOW INJ COLLANS 281. LOCATION (Street enc. City or Town, State) to the cause(e) end manner.	D B-T / And Nymber or Rural Route	
THE FIGURE	TO BE COMP	30. NAME AND ADDRESS OF PERSON WHO	On the besie of examination COMPLETED CAUSE OF DEAT	and	29c. LICENSE NUI	WBER :	due to the ceuse(e) and 29d. DATE SIGNED (Mon 2 - 1 4 -	oth, Day, Year)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1 - FOR STATE REGISTRAR

31. DATE FILED (Month, FEB 19

1. DECEDENT'S NAME (First, Middle, Last)

92 06426

3. TIME OF DEATH

REG. NO.

2. DATE OF DEATH

TO BE COMPLETED BY FUNERAL DIRECTOR

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at	and by	Y.
# Sc	att de	60
daire	I Sign	8
× re	bee	8
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached and white the companies of the funeral director, page 5 should be detached and white the companies of the funeral director, page 5 should be detached and the funeral director of the funeral director	IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FEB 19 92

FOR 1 - STATE REGISTRAR	STATE OF MARY			HEALTH AND N	MENTAL HYGIEN	E (92 06	427		
1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF C	DEATH		
	. Fitzwa	ter		7 3	February		YEAR			
4. SOCIAL SECURITY NUMBER		(in yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		, BIRTHPLACE (State of			
215-14-7371	. 5	O YRS.	MONTHS DAYS		(Month, Day, Year) Nov. 30,		Country) Virgini			
9a. FACILITY NAME (If not igstitution, give	street and number)		9b. CITY, TOW	OR LOCATION OF DE			Y OF DEATH			
Shady Grove Adve	ntist Hospit	al	Ro	ckville		Mor	ntgomery			
10a. STATE 10b. COUN	TY	10c. CITY	, TOWN OR LO	CATION			10d. INSIDE (CITY		
Maryland Mor	itgomery	R	Rockvil	le			1 X YES 2	□ NO		
10s. STREET AND NUMBER				10f. ZIP CODE		10g. CITIZE	EN OF WHAT COUNTR	177		
521 North Horn	ers Lane			20850		Unit	ted State	S		
11. MARITAL STATUS 1 Never Married 2 X Married 3 Vidowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 X YES IF YES, GIVE WAR OR	S 2 NO	If yes,	ECENDENT OF HISPAN specify Cuban, Maxica ES 2 X NO Specify		or No— 1	4. RACE — American Black, Whita, stc. Specify:			
	World War	1					Whit	:e		
18. DECEDENT'S EG (Specify only highest gra Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of w life. Do NOT us	vork done during		16b. KIND OF BUS	SINESS/INDU	STRY			
12		Nurser	ruman		Nu	rsery				
17. FATHER'S NAME (First, Middle, Last)		Nurser	Villetti	18. MOTHER'S NA	ME (First, Middle, Meiden					
Elmer Fitzwa	ter			Maria	7	Kuhno				
19a. INFORMANT'S NAME (Type/Print)	rcei	19b. MAILINO	ADDRESS (Street		A. Kuhne Route Number, City or Town, State, Zip Code)					
Myrle E. Fitzwater 95 Dawson Avenue, Apt. 212, Rockville, MD 20850								850		
20a, METHOD OF DISPOSITION 20b, PLACE OF DISPOSITION (Name of cemetery, crematory or 20c, LOCATION — City or Town, State								030		
1X Buriel 2 Cremetion 3 Re 4 Donation 5 Other (Specify)		other place) ational M	(emoria	l Dark	Fal	le Chi	urch, Vir	ainia		
21. SIGNATURE OF FUNERAL SERVICE	A	M00381	22 NAME	AND ADDRESS OF FA	CILITY	112				
Barbara Jo Me	mullenJaw	rence	Robe Rock Aven	rt A. Pum ville, Ind ue, Rocky:	hrey Fune 300 We 11e. Mary	ral Ho st Mon land	ome/ itgomery 20850-28			
	r complications that cause. List only one cause on		not enter tha	mode of dying, suc	h sa cardisc Dr resp	ratory arre	interv	el Between		
immediate cause (Final disease or condition resulting in death)	s. Cordio	nulnom	A	rest			5.	na		
							70	Parko		
Sequentially list conditions, if any, leading to immediate	b. Mapater JOUE TO (OR AS	A CONSEQUENCE OF	F):				20	(5)		
cause. Enter UNDERLYING CAUSE (Disease or injury	c. Acuke	Myoceroli	al Fr	farct -s	econd go.	1060		m. As		
that initiated events resulting in deeth) LAST		A CONSEQUENCE OF					Yde	24,3		
	d. 70000							1-		
PART II. Other significant condit	ons contributing to death	but not resulting	in the underi	ying cause given in	PERFO	RMED?	24b. WERE AUTOP AMAILABLE PI COMPLETION	RIOR TO		
					1 TYES	NO X	OF DEATH?			
					-		1 123 2			
25. WAS CASE REFERRED TO MEDICAL			26	PLACE OF DEATH (Ch	eck only one)					
EXAMINER?	HOSPITAL: 1 X Inpatient 2 ER/O	utpatient 3 DOA	OTHER:	iome 5 🗆 Rasidenca	5 ☐ Other (Specify)					
27. MANNER OF DEATH	28a. DATE OF INJUR	Y 28b. TIN	E OF 28c.	INJURY AT	28d. DESCRIBE HOW	INJURY OCCI	URED			
1 Natural 5 Pending	(Month, Day, Year	, IN.	M 1 (WORK?						
2 Accident Investigation 3 Suicide 6 Could not a 4 Homicide determined	28e. PLACE OF INJU building, atc. (S	RY — At home, ferm, pecify)	street, factory, o	office	281. LOCATION (Street City or Town, State		or Rural Route Number,			
29a. CERTIFIER 1 X CERTIFYING PH	YSICIAN: To the best of my kn	owledge death second	and at the time	data and place and do	to the course(s) and ma	nner en etra-	d			
cool crity	INER: On the besis of examina							r as stated.		
29b. SIGNATURE AND TITLE OF CERTIF	FIER			29c. LICENSE NU	MBER	29d. DATE	SIGNED (Month, Day.	Year)		

DHMH-16 Rev 1/89

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DHMH-16 Rev 1/89

	1 - STATE REGISTRAR		MARYLAND / CE	DEPAI	ICATI	T OF HI E OF	ALTH DEAT	AND	MENTAL HYGIEN REG. NO.	E				
	1. DECEDENT'S NAME (First, Middle, Li	Lillian	Graha	am					2. DATE OF DEATH DA		YEAR 3	TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest	birthday)	IF UNDER		IF UNDER		7. DATE OF BIRTH	-	BIRTHPL	ACE (State or Foreign		
1	215-32-6438	1 □ M 2 🔯 F	81	YRS.	MONTHS	DAYS	HOURS	MIN.	May 4, 191	0	Country)	nois		
	9a. FACILITY NAME (If not institution, gi	ive street and number)		-	9b. CITY	r, TOWN OF	LOCATIO	ON OF DI		9c. COUNT				
18	Union Hospital	of Cecil (County		E	lkton				Cec				
DIRECTOR	RESIDENCE OF DECEDENT		2							000.				
뿐	10a. STATE 10b. COL			10c. CF1	Y, TOWN	OR LOCATIO	ON			10d. INSIDE CITY				
	Maryland Cec	il		E1:	kton					1 TES				
A	10e. STREET AND NUMBER					101.	ZIP CODE			AT COUNTRY?				
표	2192 Blue Ball	Road			21921					U.S.	Α.			
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. ARM 1 YES 2 THE WAR OR DATES			WAS DECE If yes, spec 1 YES 2	ify Cubar	n, Mexica						
	15. DECEDENT'S I	FDUCATION	160 DEC	EDENTIO	HOUAL O	CCUPATION			I an area and	1		white		
COMPLETED	(Specify only highest gr	rade completed)	(Giv	w kind of	work done se retired.)	during most	of worldn	g	16b. KIND OF BUS	INESS/INDUS	STRY			
P.	Elementary/Secondary (0-12)	College (1-4 or 5	+)		memaker									
MO	17. FATHER'S NAME (First, Middle, Last)		110	Michie	arei									
		Samuel Box	water				16. MOTH	IER'S NA	ME (First, Middle, Maiden : Alice Wa.	,				
BE	19a. INFORMANT'S NAME (Type/Print)	Samuel Box												
2	George C. Graha	-							Route Number, City or Town		ode) L921			
	20a. METHOD OF DISPOSITION	1111			_			oad	- Elkton,					
	1 X Buriel 2 Cremation 3 R 4 Donation 5 Other (Specify)	20b. PLACE AI cemetery, crem UNION	nd date	of dispos ther place) metel	SITION (Nam ry	e of		2 ^{AT} 20 1992 Uni						
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	11.	1	22.	HIMERY	APPRES	S OF EA	of Funeral					
	23. PART I. Enter the diseases,	sh. 6.	Hic	k	4	103 W Elkto	est	Sto	ckton Stree 21921-5521	et				
	Interval Between									Approximate Interval Between Onset and Death				
CERTIFICATION	Sequentielly list conditione, If any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF):													
TIFIC	CAUSE (Disease or injury that initiated events resulting in death) LAST	cDUE TO	(OR AS A CONSECU	UENCE O	F):									
H	resenting in death) Exs	d												
	PART II. Other significent condit	tiona contributing to	death but not re	aulting	in the un	dashina	201100 0	hann in	Part I. 24a. WAS AN					
N: MEDICAL		· F1					ouded g		PERFORI	MED?	CC	ERE AUTOPSY FINDINGS MILABLE PRIOR TO DMPLETION DF CAUSE F DEATH? YES 2 NO		
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PLA	CE OF DE	ATH (Che	eck only one)					
HYSICIAN:	1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	DOA	OTHER		5 Ras	Idence	6 Other (Specify)					
ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26e. DATE OF (Month, D	INJURY Pay, Year)	26b. TIM INJ		28c. INJUF	TA Y		26d. DESCRIBE HOW IN	JURY OCCUP	RED			
8	3 Suicide 6 Could not 1 4 Homicide determined	pullding.	F INJURY — At hom atc. (Specify)	e, term, s	treet, fact	ory, office			26t. LOCATION (Street ar City or Town, State)	nd Number or	Runii Rout	e Number,		
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PH 2 MEDICAL EXAM	YSICIAN: To the best of si	my knowledge, dest	th occurre	nd at the ti	ime, data ar pinion, dea	nd place, th occurs	and dua	to the cause(s) and mann	due to the c	ause(s) ar	nd manner as stated.		
O BE	296. SIGNATURE AND TITLE OF CERTIF	Barte	17.1			1	Po. LICEN		9 7.1	29d. DATE S	IGNED (M	onth, Day, Year)		
-	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUS	SE OF DEATH (ITEM	27) (Туре,	Print)									
	Gary Beste, M.	D. 132 We	est Main	Str	eet	New	ark,	DE						
	31. DATE FILED (Month, Day, Year)		R'S SIGNATURE											
17	FEB19 '9	12 24	lia Davidson	- Rang	tall									

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1	•	FOR STATE REGISTRAR	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFI	CATE OF DEATH	REG.	NO.				
1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH		3. TIME OF DEATH			
Hannah Cathai	rine Grumbir	ne		Feb. 2		4:55 PM			
4. SOCIAL SECURITY NUMBER	5. SEX 8. A	GE (In yrs. last birthday)	IF UNDER 1 YEAR IF UNDER 24 I			BIRTHPLACE (State or Foreign			
204-01-9830	1 🗆 M 2 🖺 F	72 YRS.	MONTHS DAYS HOURS N	Oct. 24)	Penn.			
9e. FACILITY NAME (If not institution, give			96. CITY, TOWN OR LOCATION	OF DEATH	9c. COUNT	Y OF DEATH			
Meridan Nursing RESIDENCE OF DECEDENT 100. STATE 100. COUN Md.	Center		La Plata		Cha	rles			
10e. STATE 10b. COUN		10c, CITY	TOWN OR LOCATION			10d. INSIDE CITY			
	Charles	Wh	ite Plains			LIMITS?			
100. STREET AND NUMBER Rt 1, BOX 356A 11. MARITAL STATUS 1. Nover Married 2 Married			101. ZIP CODE 20695		10g. CITIZE	N OF WHAT COUNTRY?			
3 🖾 Widowed 4 🗆 Divorced	12. WAS DECEDENT EV. FORCES? 1 1 1	ES 2 NO		ISPANIC ORIGIN? (Specify exican, Puerto Ricen, atc.)	Yee or No- 14	I. RACE — American Indian, Black, White, etc.			
15. DECEDENT'S ED	UCATION	16a. DECEDENT'S U	SUAL OCCUPATION ork done during most of working	16b, KIND OF	BUSINESS/INDUS				
15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12) 12 + 17. FATHER'S NAME (First, Middle, Last)				Domes					
17. FATHER'S NAME (First, Middle, Last)	Hodsewite								
				s name (First, Middle, Mail harine Bake					
190 INFORMANT'S NAME (Total)		TIATINE BAKE		ordel					
Carl Grumbine									
20e. METHOD OF DISPOSITION	nound from State	20b. PLACE AND DATE OF	DISPOSITION (Name of	x 356A, White Plains, Md. 20695 POSITION (Name of OATE 20c. LOCATION — City or Town, State					
1 X Buriel 2 Cremetion 3 Rer 4 Donation 5 Other (Specify)	noval from State	emorial Gdns		aldorf,					
21. SIONATURE OF FUNERAL SERVICE L	ICENSEE		22. NAME AND ADDRESS OF	E EACH ITY					
To our pace	Joan Hunt	t D00227	P.O. Box 15	6, Waldorf,	Md. 20	0604			
DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):									
PART II. Other algoriticant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS.									
PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES NO 27. MANNER OF DEATH	- Controlling to deat	PERF	AN AUTOPSY CORMED? 2 NO	24b. WERE AUTOPSY EMDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO					
25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26, PLACE OF DEATH	(Check only one)					
1 TES 2 NO	HOSPITAL: 1 Inpatient 2 ER/C	Outpetient 3 DOA	Fursing Home 5 Reside	nca 6 Other (Specify)					
27. MANNER OF DEATH	26e. DATE OF INJUI (Month, Day, Yes	TY 28b. TIME	OF 28c. INJURY AT	26d. DESCRIBE HO	W INJURY OCCUP	RED			
1 Netural 5 Pending 2 Accident Investigation	(month, pay, 19)	injui	M 1 YES 2 NO						
3 Suicide 6 Could not be determined	26s. PLACE OF INJI building, atc. (JRY — At home, ferm, str Specify)	eet, factory, office	261. LOCATION (Stre City or Town, Ste	et end Number or ite)	Rural Route Number,			
29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINI	ICIAN: To the best of my ki	nowledge, death occurred	at the time, date end place, and	dus to the ceuse(s) end r	nenner ee atated.				
		min end/or investigation,	in my opinion, death occured at	the time, data end place,	end due to the c	euse(s) and manner es stated.			
4 Homicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINI 296. SIGNATURE AND TITLE OF CERTIFIE 36. NAME AND ADDRESS OF PERSON W	From M.	ww	25 C	(29	PM. DATE SI	SALL CAS HIM!			
George H. Wathen.				Waldorf, M	d. 2060	3			
31. DATE FILEO (Month, Day, Year)		GNATURE AND TO							

22/15/2 27 VI de wood What when All Della Contractions

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Last)	D.	GREE	EN		2. DATE OF DEATH MONTH 2	173 YEAR	3. TIME OF DEATH 0727 M			
	4. SOCIAL SECURITY NUMBER 051–20–3516	1 - M 2 - F		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MM.	7. DATE OF BIRTH (Month, Day, Year) 7-/3-	a. Bir	orthplace (State or Foreign Printy)			
TOR	St. Mary's Hosp RESIDENCE OF DECEDENT		9		ardtown	АТН	St. M	arys County			
DIRECTOR	10s. STATE 10b. COUNTY	ert County	- 3671 - 102	Town on Location		10d. INSIDE CITY LIMITS? 1 ☐ YES 2 [×] NO					
FUNERAL	100. STREET AND NUMBER SR1 Box 3			10f.	ZIP CODE 20685		10g. CITIZEN OF	WHAT COUNTRY?			
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	larried 2 Merried FORCES? 1 YES 2 NO				DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No					
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)		k done during mos etired.)							
NO I	17. FATHER'S NAME (First, Middle, Last)		STATE ME (First, Middle, Melden		Land						
BE C	Eulisis G.	DuVall			Holmes						
TO B	Eulisis G. DuVall Berganettea Catherine Hol 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mrs. Cathy Cox 1310 Mutual Court Port Republic, MD 20676										
	20s. METHOD OF DISPOSITION 1										
	21. SIGNATURE OF FUNERAL SERVICE LIC		7 .	22. NAME AND	ADDRESS OF FAC	CILITY					
	· Buan	R. Haig	ut	Sykest	rille, M	l Home (F D 21784 (4	10)-795				
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or reapiratory streat, shock, or heert feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a consequence or): Due to (or as a consequence or): Due to (or as a consequence or): Due to (or as a consequence or): Due to (or as a consequence or): Due to (or as a consequence or): Due to (or as a consequence or): Due to (or as a consequence or):										
PHYSICIAN: MEDICAL CE	PART II. Other significent conditions	a contributing to desth bu	t not reauting in t	the underlying	ceuse given in	Part I. 24a. WAS AN PERFOR	MED?	4b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:	CE OF OEATH (Che						
ву РНУ	1 YES 2 NO 27. MANNER OF OEATH 1 Natural 5 Pending 2 Accident Investigation	1 Inpatient 2 ER/Outpa 28s. DATE OF INJURY (Month, Day, Yeer)	28b. TIME O	Y 28c. INJU WOR	RY AT	6 Other (Specify) 28d. OESCRIBE HOW I	NJURY OCCURED				
	3 Suicide 6 Could not be 4 Homicide datarmined	28e. PLACE OF INJURY building, atc. (Specific	et, factory, office	ctory, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
COMPLETED	anal	CIAN: To the best of my knowle R: On the besis of examination						e(a) and manner as stated.			
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	the	1		29c. LICENSE NUM	BER	29d, DATE SIGNI	ED (Month, Day, Year)			
10	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	ТН (ГТЕМ 27) (Туре, Ргі	int)		i	<u> </u>				
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE								
	FFB 2 5 '92	Like Davidson	Pandalle.								

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	FOR STATE REGISTRAR	STATE OF I	MARYLAND / DEPA CERTI	RTMENT OF	HEALTH AND		YGIENE EG. NO.						
	1. DECEDENT'S NAME (First, Middle, Lest)	YEA	- 7										
Ì	4. SOCIAL SECURITY NUMBER	ay (8. AGE (In yrs. last birthdar	/) IF UNDER 1 YEA	R IF UNDER 24 HRS.	7. DATE OF B	25°	90	RTHPLACE (State or Foreign				
	THE STREET STREET	1 M 2 X F	8 4 YRS.	MONTHS DAY		(Month, Day	Year)	Co	ountry)				
ĺ	9s. FACILITY NAME (If not institution, give a		87		N OR LOCATION OF DE		8-07	COUNTY	aryland				
DIRECTOR	LONG VIEW N	ROLL											
딥	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	γ	10c. C	ETY, TOWN OR LO	CATION				10d. INSIDE CITY				
E	MD. CAR	ROLL	F	INKsb	106				LIMITS?				
	10e. STREET AND NUMBER	200		111150	101. ZIP CODE		10	10g. CITIZEN OF WHAT COUNTRY?					
3	2101 WoodVIE	W RD			2104	18							
FUNERAL	11. MARITAL STATUS	12. WAS DECEDER	NT EVER IN U.S. ARMED		DECENDENT OF HISPAI			a or No- 14. RACE — American Indian, Black, White, etc.					
	1 Never Married 2 Married		1 YES 2 NO		, specify Cuban, Maxica YES 2 X NO Specif		, etc.)	1	Specify:				
BY	3 Widowed 4 Divorced								WHITE				
COMPLETED	15. OECEDENT'S EDU (Specify only highest grade	CATION completed)	18a. DECEDENT (Give kind	r'S USUAL OCCUP of work done during use retired.)	ATION most of working	16b. KINI	OF BUSINES	SS/INDUSTR	Y				
9	Elementary/Secondary (0-12)	College (1-4 or 5	4)			(3)	-		i				
M	146		House	KEEPI	NG-(Schoo	ME (First, Middle	Eauc	catio	n				
	17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S NA	IME (FIRST, MICON	i, Maiden Sum	iame)					
BE	PERCY BA	RNES	405 44411	110 1 DDDC00 (O)	JALL	- Y <	NOU	SE	(m.n. Ann)				
2	Emily J. Col	1											
	20g. METHOD OF DISPOSITION	LIND	20h BI ACE DE DISI	COSITION (Name o	cemetery, cremetory or	a, P	200 LOCATI	ON - CHY O	mb. 21048				
	1 ☑ Buriel 2 ☐ Cremation 3 ☐ Ram 4 ☐ Donation 5 ☐ Other (Specify)	oval from State	other place)						A SAME TO A SAME I				
	4 Donation 5 Other (Specify) Mt. Zion U.M. Church Cemetery Finksburg, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY GLAVIUS St. WSTMINSTEE												
	· Robert A. Weer MYERS FUNERAL HOME ND. 2115												
_	Moders A	· me				-							
	23. PART I. Enter the diseases, or shock, or heart failure.			o not enter the	mode of dying, suc	ch aa cerdiec	or respirato	ory arrest,	Approximeta Interval Between				
	IMMEDIATE CAUSE (Finel												
	disease or condition resulting in death) a. Intracron a hemorrhage Zmo												
	DUE TO (OR AS A CONSEQUENCE OF):												
ON	Sequentielly list conditions,	Sequentielly list conditions, DUE TO (OR AS A GONSEQUENCE OF): DUE TO (OR AS A GONSEQUENCE OF):											
FA	If any, leading to immediate cause. Enter UNDERLYING	If any, leading to immediate											
윤	CAUSE (Disease or injury that initiated events	DUE TO	O (OR AS A CONSEQUENCE	OF):									
CERTIFICATION	resulting in death) LAST	d.											
	PADT is Other significent condition	na contribution i	a death but not requisit	on in the condex	bilan anua aban la	Port I No	WAS AN AUT	maey T	24b. WERE AUTOPSY FINDINGS				
MEDICAL	PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1. Visc. 3. **********************************								AWAILABLE PRIOR TO COMPLETION OF CAUSE				
ă	NAWU						YES 2	No	OF DEATH?				
Σ	4TN							1 YES 2 NO					
PHYSICIAN:													
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	6. PLACE OF DEATH (C								
14S	1 YES 2 -NO 27. MANNER OF DEATH	28a. DATE C	ER/Outpetlant 3 DO	-	Home 5 Residence	_	ecify) BE HOW INJU	IRY OCCURE	D				
	1 Natural 5 Pending		Day, Year)	INJURY	WORK?	200.0200111	DE 11011 11100	0000112	-				
B	2 Accident Investigation	28e. PLACE	OF INJURY — Al home, far			28f. LOCATION (Street and Number or Rural Route Number,							
E	3 Suicide 8 Could not be 4 Homicide determined	building	g, etc. (Specify)				wn, State)						
COMPLETED	29a. CERTIFIER	NOVANI. To the book	ed and become death and		destruction of the second dis-								
Z Z	CONTENT OF THE PARTY		of my knowledge, deeth occ						use(a) and menner se stated.				
8				attent, itemy opini	1								
BE	29b, SIGNATURE OF CENTIFIE	- ** *C			29c. LICENSE NU	MIDER	29	DATE SIG	NED (Month, Day, Year)				
2	30. NAME AND ADDRESS OF PERSON WI			fvpe, Print)	102311	7 7			1-0/12				
	Fever Traffe	s and	111 Harow P		refisher L	nd	210	14	_				
	31. DATE FILED (Month, Day, Year) FFR 2 5 '92	32. REGISTI	Davidson-Aland	M.	1								

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											(92	06432		
FOR 1 - STATE REGISTRAR		STATE OF	MARYLAND		RTMENT				MENTAL		E		00.02		
1. DECEDENT'S NAME	(First, Middle, Lest)					UF	DEA	П	2. DATE	REG. NO			3. TIME OF DEATH		
E	Jward	Raymo	ond _	(3)	arsow	1			MONTH		7	YEAR	6:45		
4. SOCIAL SECURITY I	PARMUN	5. SEX	6. AGE (In yrs. le	st birthday)	IF UNDER		IF UNDER		7. DATE (OF BIRTH		8. BIRTH	PLACE (State or Foreign		
509-42-		1 - M 2 A F	47	YRS.	MONTHS	DAYS	HOURS	MIN.	37	1744		Min	nesota		
9e. FACILITY NAME (#			41	1	9b. CITY,	TOWN C	R LOCATI	ON OF D	EATH		9c. COU	NTY OF D	EATH		
RESIDENCE OF		Hospi	tal	Hay	RE	1)∈	G	race	The state of the s	Ho	arto	ird			
RESIDENCE OF 10e. STATE Maryland 10e. STREET AND NUM 46 NOTH 11. MARITAL STATUS	10b. COUNT	Υ		10c. CIT	TY, TOWN OF	R LOCAT	ION						10d. INSIDE CITY LIMITS?		
Maryland		Harford		1	Aberde	een							1X YES 2 NO		
10e. STREET AND NUM						101	ZIP CODE			2	10g. CIT	IZEN OF W	HAT COUNTRY?		
46 NOTTI	an Aveni	T				12.		001				U.S.			
3 Widowed 4	11. MARITAL STATUS 1					yes, spe	ENDENT Color Cuba 2 X NO	n, Mexica	n, Puerto R	(Specify Yes ican, etc.)	or No—	Specif	- American Indian, White, etc. ite		
15. (Specif	DECEDENT'S EDU y only highest grade	CATION completed)	16a. D	ECEDENT'S Give kind of	work done do	CUPATIO	N st of workin	g	16b.	KIND OF BUS	SINESS/INI	DUSTRY			
15. (Specification of the Company of	му (0-12)	College (1-4 or 5	+)							C.	7	G			
17. FATHER'S NAME /F/r	12 2 17. FATHER'S NAME (First, Middle, Lest)						Diesel Mechanic Instructor Civil (
Richard	Richard A. Garsow							Elaine Hanson							
19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)										Code)					
Mrs. Jo	Mrs. Joan E. Garsow 46 Norman Ave., Aberdeen, Maryland 21001														
20b. PLACE AND DATE OF DISPOSITION 1X] Burlel 2 Cremation 3 Removal from State 4 Donastion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 20b. PLACE AND DATE OF DISPOSITION (Name of cametery, crematory or other place) COKES DUTY MEMORIAL CEMETER 22c. LOCATION — City or Town, State COKES DUTY MEMORIAL CEMETER 22c. LOCATION — City or Town, State COKES DUTY MEMORIAL SERVICE LICENSEE 22c. LOCATION — City or Town, State COKES DUTY MEMORIAL SERVICE LICENSEE 22c. LOCATION — City or Town, State COKES DUTY MEMORIAL SERVICE LICENSEE 22c. LOCATION — City or Town, State COKES DUTY MEMORIAL SERVICE LICENSEE 22c. LOCATION — City or Town, State COKES DUTY MEMORIAL SERVICE LICENSEE 22c. LOCATION — City or Town, State COKES DUTY MEMORIAL SERVICE LICENSEE															
1 Kur	Fursten Any On deshi Aberdeen, Maryland 21001-3399														
23. PART I. Enter the shock, of iMMEDIATE CAUSE disease or condition resulting in death)	(Final	a. Cleu	ot coused the duse on each lin	ay	SCA	the mod	da of dyl	ng, suc	n as card	or respi	lu de	rest,	Approximate interval Between Onset and Death		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING															
that initiated events	CAUSE (Disease or Injury that initiated events resulting in death) LAST d.														
PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED?									246.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO					
25. WAS CASE REFERRIE EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	1 YES 2 NO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO														
25. WAS CASE REFERRI	25. WAS CASE REFERREO TO MEDICAL 28. PLACE OF GEATH (Check only one)														
1 YES 2 NO	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Place OTHER: 4 Nursing Home 5 Residence 8 Other (Specify)														
27. MANNER OF DEATH 1 Watural 5 2 Accident	Pending Investigation	28a. OATE OF (Month, L		28b. TIM						RIBE HOW II	CUREO				
9 Pulatida	3 Suicide 6 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)								or Rural A	oute Number,					
29a. CERTIFIER (Check only one)		CIAN: To the best of													
2 🗆 !	WEDICAL EXAMINE	R: On the basis of e	xemination and/or	Investigatio	on, in my opi	inion, de	ath occur	ed at the	time, date e	end place, and	d due to th	ne cause(e)	end manner as stated.		
290. SIGNATURE AND T	TRE OF CENTIFIE	DU					29c. LICE	NSE NUN	ABER		29d. DAT	E SIGNED	(Month, Day, Year)		

2

FEB 19 92

32. REGISTRAR'S SIGNATURE

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

Cause. Enter UNDERLYING CAUSE (Disease or injury that inflitated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR	REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. NO.					
SOUTH THAT SAME (if not established, one since and number) SOUTH THAT SAME (if not established, one since and number) SOUTH THAT SAME (if not established, one since and number) SOUTH THAT SAME (if not established, one since and number) SOUTH THAT SAME (if not established, one since and number) SOUTH THAT SAME (if not established)	Robert L. G	HOBERT LE		K SR.		MONTH D	MONTH DAY YEAR				
THE STORMAN CONTROL HOLD TO MAKE THE STORM OF SUBMINESSITION TO BUSINESSIT	215-44-7548	1 1 M 2 □ F 4	6 YRS. MOH	THE DAYS	HOURS MIN.	(Morith, Day, Year) 11-20 -	45 MA	RYLAND			
100. STREET AND NUMBER 201 E/ = 6 M Y L. 11. MARTIAL STATUS 12. WAS DECEDEDT EVER IN U. S. ANMED PORCES? 1 TES 2 THO PORCES? 1 THO PO	washington County Hossital Hagenstown po mel washing										
DECOMPTS EDUCATION Specify CHIPTE 10 Specify Specify	10a. STATE 10b. COUNT	,						LIMITS?			
B DECEDENT'S EDUCATION (Speed) from Property (P-12) (Speed) from		TOTAL CONTRACTOR OF THE CONTRA									
Secritical Properties Description Secritical Properties Description Descript	1 Never Married 2 Married	FORCES? 1 YES	2 NO	If yes, spec	city Cuban, Maxica	n, Puarto Rican, etc.)	Puarto Rican, etc.) Black, W				
THARLES HENRY BROWN The INFORMANT'S NAME (7)-POPTH) MARY E. BAIRD 20. SELIZABETH STREET, HAGERSTOWN, MARYLAND 21740 20. METHOD OF DISPOSITION 10 per Town, State 2 Coremetter 3 Part 10 per Town, State 4 Donates on 8 Control (Proceedings) 20. METHOD OF DISPOSITION 10 per Town, State 4 Donates on 8 Control (Proceedings) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE AREST HAVE AND ADDRESS OF FACILITY ANDREW K. COFFMAN FUNERAL HOME, INC. 40 F. ANTIETAM STREET, HAGERSTOWN, MASH., MD. 22. NAME AND ADDRESS OF FACILITY ANDREW K. COFFMAN FUNERAL HOME, INC. 40 F. ANTIETAM STREET HAGERSTOWN MD. 21 Approximate interval Between one ach line. IMMEDIATE CAUSE (Final desirb) DUE TO (OR AS A CONSCOUENCE OF): Bequentially list conditions, and a conscouence of the cause of the underlying ceuse given in Part 1. PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part 1. PART III. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part 1. 25. PLACE OF DEATH (Check only one) 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATN 1 PROCEEDINGS 28. PLACE OF DEATH (Check only one) 29. DEATE OF MAINTY AT 286. DESCRIBE HOW INJURY OCCURED MAINTY AND PROCEDURED ON MAINTY OCCURED MAINTY AND PROCEDURED ON MAINTY OCCURED MAINTY AND PROCEDURED ON MAINTY AND PROCEDURED ON MAINTY AND PROCEDURED ON MAINTY OCCURED MAINTY AND PROCEDURED ON MAINTY AND PROCED	(Specify only highest grad	UCATION le completed)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use ref	AL OCCUPATION done during most ired.)	of working	16b. KIND OF BUS	SINESS/INDUSTRY	· Server a			
THARLES HENRY BROWN The INFORMANT'S NAME (7)-POPTH) MARY E. BAIRD 20. SELIZABETH STREET, HAGERSTOWN, MARYLAND 21740 20. METHOD OF DISPOSITION 10 per Town, State 2 Coremetter 3 Part 10 per Town, State 4 Donates on 8 Control (Proceedings) 20. METHOD OF DISPOSITION 10 per Town, State 4 Donates on 8 Control (Proceedings) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE AREST HAVE AND ADDRESS OF FACILITY ANDREW K. COFFMAN FUNERAL HOME, INC. 40 F. ANTIETAM STREET, HAGERSTOWN, MASH., MD. 22. NAME AND ADDRESS OF FACILITY ANDREW K. COFFMAN FUNERAL HOME, INC. 40 F. ANTIETAM STREET HAGERSTOWN MD. 21 Approximate interval Between one ach line. IMMEDIATE CAUSE (Final desirb) DUE TO (OR AS A CONSCOUENCE OF): Bequentially list conditions, and a conscouence of the cause of the underlying ceuse given in Part 1. PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part 1. PART III. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part 1. 25. PLACE OF DEATH (Check only one) 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATN 1 PROCEEDINGS 28. PLACE OF DEATH (Check only one) 29. DEATE OF MAINTY AT 286. DESCRIBE HOW INJURY OCCURED MAINTY AND PROCEDURED ON MAINTY OCCURED MAINTY AND PROCEDURED ON MAINTY OCCURED MAINTY AND PROCEDURED ON MAINTY AND PROCEDURED ON MAINTY AND PROCEDURED ON MAINTY OCCURED MAINTY AND PROCEDURED ON MAINTY AND PROCED	10 (College (1-4 or 5 +)	,	OR				RVICE			
MARY E. BAIRD 203 ELIZABETH STREET, HAGERSTOWN, MARYLAND 21740	CHARLES HEN	NRY BROWN			MARY	EDNA	DOM	ER			
1 Sevice 2 Crementon 3 Removal from State REST HAVEN CEMETERY 02-21-92 HAGERSTOWN, WASH., MD.)									
22. NAME AND ADDRESS OF FACILITY ANDREW K. COFFMAN FUNERAL HOME, INC. ALL HOSPITAL: 23. PART I. Enter the diseases, or compilections that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory streat, interval Between onset and Death income of the condition of the con	1 00 Burial 2 Cremation 3 Ren	1 M Burist 2 Commellon 2 Demount from State									
23. PART I. Enter the diseases, or compléctions that ceused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUEN	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ANDREW K. COFFMAN FUNERAL HOME, INC.										
PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PREFORMED? 1 VES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 26b. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 28c. INJURY AT WORK? 1 VES 2 NO 28c. INJURY AT WORK? 1 VES 2 NO 28c. INJURY AT WORK? 1 VES 2 NO 28d. DESCRIBE HOW INJURY OCCURED	disease or condition resulting in desth) s. Cardiac area t due to verticular as on to provide minutes Due to (or as a consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events Due to (or as a consequence of): Dia 6 to me 1/2 tur Due to (or as a consequence of):										
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 28. PLACE OF DEATH (Check only one) 4 Nursing Nome 5 Residence 6 Other (Specify) 27. MANNER OF DEATN 28. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 28c. INJURY AT WORK?		MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE								
1 gg randral 5 Pending	1 TYES 2 TWO										
1 gg randral 5 Pending	EXAMINER? HOSPITAL: OTHER:										
2 Accident Investigation											
3 Suicide 4 Homicide 8 Could not be detarmined 28a. PLACE OF INJURY — At home, farm, street, factory, office Dullding, etc. (Specify) 29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and placa, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the beats of examination and/or investigation, in my opinion, dash occurred at the time, data and placa, and due to the cause(a) and manner as stated.											
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.	(Check only	(Check only Chec									
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Morith, Day, Year) 2/15/97		B 7dama			29c. LICENSE NUM	BER					
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) TB Hazywood & Mo 374 M: (1 NE. Hagyar Cown M 20740 31. DATE FILED (M9017) DOD 132. REGISTRAR'S SIGNATURE	TB Haywoo	RO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Print 4 Mill	J.K.			ml z	1740			

		De 1, 2, 3 should	
BALTIMORE, MARYLAND 21215-0020	fter death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burial-transit permit. Page, 1, 2	and accomplished the stability of the st

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hoss TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial. cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1. DECEOENT'S NAME (First	Middle, Last)	Taylor	Gibbo	ne					2. DATE OF MONTH	DA		YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) F UNDER 1 YEAR F UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign													
220-16-3985		1 M 2 XF	6. AGE (In yrs. Ia	"			UNDER	MIN.	(Month, Da	y. Year)	. 10	Count	(ער
9a. FACILITY NAME (If not in			/ /	1113.	9b. CITY, TO	WAL OR L	00171	211 05 05	Febru	ary		NTY OF C	Maryland
Washington	Count	,	al			gers			ATH				ngton
RESIDENCE OF DEC	10b. COUNTY	,		10c. CITY	TOWN OR	LOCATION							10d, INSIDE CITY
Maryland	Wash	nington		На	gerst	own							LIMITS? 1 X YES 2 NO
10e. STREET AND NUMBER						10f. ZIP	CODE				10g. CIT	IZEN OF	WHAT COUNTRY?
240 South Potomac Street 21740 U.S.A.													
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 16. RACE — American Indian, 17. Never Married 19. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 19. RACE — American Indian, 19. Black, White, etc.													
1 Never Married 2 Married 3 Wildowed 4 Divorced FORCES7 1 YES 2 XNO If YES 2 XNO I													
15. DEC	EDENT'S EDU	CATION completed)	16a. D	ECEOENT'S I	USUAL OCCU	PATION	s a se elaie	-	16b. KIN	O OF BUS	BINESS/IN	DUSTRY	
Elementary/Secondary (0		College (1-4 or 5	- 100	homem	retired.)	ng most or	WORKI	v					
17. FATHER'S NAME (First, M	liddle, Last)					16.	MOTE	IFR'S NAI	ME (First, Middl	le Meklen	Sumamel		
Grov	ver Cle	everland	Smith,	Sr.					ara Al		,		
19a. INFORMANT'S NAME (I		anah							Poute Number C				21740
20a, METHOD OF DISPOSIT			20b. PLACE	AND DATEO	FDISPOSITIO			nage	OATE		CATION -		
4 Donation 5 Other	(Specify)		Rest	Haven					3-3				Maryland
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Minnich Funeral Home 415 East Wilson Blvd., Hagerstown, MD 21740													
immediate cause (Fir disease or condition resulting in death) Sequentially list condition if any, leading to immediates. Enter UNDERLY!	dons, dieta	A. CAR POR TO DUE TO	ON AS A CONSE	OUENCE OF	UARG					or respi	ratory ar	rest,	Approximate interval Between Onset and Death
Cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST CONO 6587.UE HEART FAILURE DUE TO (OR AS A CONSEQUENCE OF): d. CORON ARY ARTERY DISEASE													
PART II. Other significa		. //	1 1	resulting in	the unde	rlying ca	use g	iven in	Part i. 24s	WAS AN		24b	WERE AUTOPSY FINDINGS
	571 (1)	PRABETE	S MIL	(UET)	US				10	YES Z			COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL					26. PLACE	DF DI	EATH (Che	ock only one)				
1 TES 2 NO		HOSPITAL:	ER/Outpatient :		OTHER: 4 Nursing	Home 5	□ Re	sidence	6 Other (Sp	ecify)			
	Pending Investigation	26e. DATE OF (Month, D		28b. TIME INJU	IRY	WORK?		ND ND	28d. DEŞCRI	BE HOW IN	JURY OC	CURED	
3 Suicide 6	Could not be determined	28e. PLACE D building,	F INJURY — At he atc. (Specify)	ome, ferm, at	reet, factory,	office			28f. LOCATIO City or To	N (Street a wn, Stete)	nd Numbe	r or Rural I	Route Number,
		CIAN: To the best of) end manner se stated.
296. SIGNATURE AND TITLE	Pail	anwi	MA			290	c. LICE	NSE NUM	BER		29d. DAT	3///	(Month, Day, Year)
30. NAME AND ADDRESS OF	PEASON WA	AU (SE OF DEATH (ITE	M 27) (Type, 1	Print)	14	15	C	7 4	4EK	151/1	WE	IMA
31. DATE FILED (Month, Day, MAR 0		// /	R'S SIGNATURE	Render	Č.								2473

Frederic B. Rombins

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-training of committees	
ay be retained by the hospital or attending physici	ould be detached for	ed at once.
Page 6 may be retail	I director, page 5 sh	ner must be notif
4 hours after death.	filled in by the funera	e medical examin
be executed within 2	dan and completely	aumatic event, th
the death certificate	the attending physic	njury, or other tr
ne law requires that	has been signed by	n 23 shows any
DING PHYSICIAN: TI	After this certificate	s marked, or iten
HOSPITAL OR ATTEN	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the first surface make the band with the State Dank of Markla Decision and the band of the	be may write it income the control of them 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE I	TO THE I	IMPORT

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR		STATE OF MARYL			HEALTH AND F DEATH	MENTAL HYG	IENE	2 0	040	J
1. DECEDENT'S NAME (First,	Middle, Last)	1	Iamaa Dla		OSSNICKLE	2. DATE OF DEAT	н		TIME OF DEATI	Н
James	B. 6	irossnick	Te	iiic on	ODDIVIOREE	March	DAY	YEAR	0758	M
4. SOCIAL SECURITY NUMB			In yrs. lest birthday)	IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Yes	1		ACE (State or For	reign
215-05-7301		1 2 M 2 🗆 F	76 YRS.			10/17/	15	A.	ulano	
Washington					erstown	EATH	745.00	hingt		
Washington RESIDENCE OF DEC	EDENT 10b. COUNTY	11000011001	100 CIT	Y, TOWN OR LO			1 1142			
Maryland	1351177	shington		agersto					INSIDE CITY LIMITS? YES 2 [4]	
10e. STREET AND NUMBER					10f. ZIP CODE		10g. CITI	IZEN OF WHA		40
17613 Heist					21740			U.S.	Α.	
11. MARITAL STATUS 1 Never Merried 2 X 3 Widowed 4 Divor	Merried	12. WAS DECEDENT EVER II FORCES? 1 1 YES IF YES, GIVE WAR OR D	2 NO	II yes,	ecendent of Hispal specify Cuben, Mexica ES 2 XNO Specifi	en, Puerto Rican, atc	y Yea or No	Black, W Specify:	American India Mite, atc.	n,
15. DECI (Specify only	EDENT'S EDUCA highest grade co	(TION ompleted)	16a. DECEDENT'S (Give kind of v	USUAL OCCUPA work done during ne retired.)	TION most of working	16b. KINO OF	BUSINESS/IND		MILLE	
Elementary/Secondary (0-	-12)	College (1-4 or 5+)		e retired.) counti		Cold	CTOMOGO	Doom	Compar	
17. FATHER'S NAME (First, Mir	ddle, Last)		AC	Countr	0	ME (First, Middle, Me		DOOL	Compan	.1у
_Blaine Emer	son Gr	ossnickle				L. Brane		5		
19a. INFORMANT'S NAME (Ty					t and Number or Rural			,		
Virginia Go					rboro Rd.)
20e. METHOD OF DISPOSITION 1 M Buriel 2 Cremation 4 Donation 5 Other	n 3 🗆 Remov	al from State	PLACE AND DATE OF ST. Haven	of disposition; ther place) Cemet	Name of Pry 3-4-	1	LOCATION -		arylano	đ
21. SIGNATURE OF FUNERAL	SERVICE LICE		- 1		AND ADDRESS OF FA	CILITY Minn	ich Fun	neral	Home	_
· 20	241	Mon.	mica	415	E. Wilson	Blvd. Ha	agersto	own, M	d. 2174	40
23. PART I. Enter the dis ahock, or he	seasea, or co part failure. Li	mplications that caused at only one cause on a	the death. Do nach line.	ot enter the r	node of dying, auc	h aa cardiac or r	eapiratory arr	eat,	Approxime	
iMMEDIATE CAUSE (Find disease or condition resulting in death)	ai •	Que to (OR AS A	(سالدر	Le cu	T Dere we				Onset and	Death
resulting in death)		DUE TO (OR AS A	CONSEQUENCE OF	ŋ:					12	7
Sequentially list condition		OUE TO (OR AS A	CONSEQUENCE OF	n:						
if any, feading to immed cause. Enter UNDERLYIF CAUSE (Disease or Injur	NG			,						
that initiated events resulting in death) LAST	·	DUE TO (OR AS A	CONSEQUENCE OF	7:						
Tesaking in death) LAST	d.									
PART ii. Other aignificer	conditiona	contributing to death b	ut not reculting i	n the underly	ng cause given in		S AN AUTOPSY		RE AUTOPSY FIN	
<u> </u>							S 2 .NO	co	MPLETION OF CA	
								1(YES 2 N	0
25. WAS CASE REFERRED TO	MEDICAL			26.	PLACE OF DEATH (Ch	eck anty one)				
EXAMINER?		HOSPITAL:	etient 3 DOA	OTHER:	ome 5 - Residence					
27. MANNER OF DEATH		28e. DATE OF INJURY (Month, Day, Year)	28b. TIME	E OF 28c. f	NJURY AT YORK?	28d. DESCRIBE HO	W INJURY OCC	CURED		
2 Accident	Pending nvestigstion	28° DI ACE DE IN HIM	M harris 4		YES 2 NO					
	Could not be letermined	28e. PLACE OF INJURY building, atc. (Spec	— At nome, rarm, s	freet, fectory, of	lce	28f. LOCATION (Sti City or Town, S		or Rural Route	e Number,	
		AN: To the best of my knowl								
one) 2 MEDIC	CAL EXAMINER:	On the beels of examination				time, date end place	e, end due to the	e cause(e) an	d menner ee sta	ited.
296. SIGNATURE AND TITLE	1	Quelia !	/Agenston 2	- MD.	29c. LICENSE NUI				onth, Day, Year)	\neg
30. NAME AND ADDRESS OF					2007	- 1		3-2-9	2	
		- In all and a second of the	(**Em &1) (19/08,	, , , , , ,						
31. DATE FILED (Month, Day, Y		32. RESISTRAR'S SIGN	TURE	-			<u> </u>			
MAR 0	3 1992	Jalin Dans	en fortal	L .						

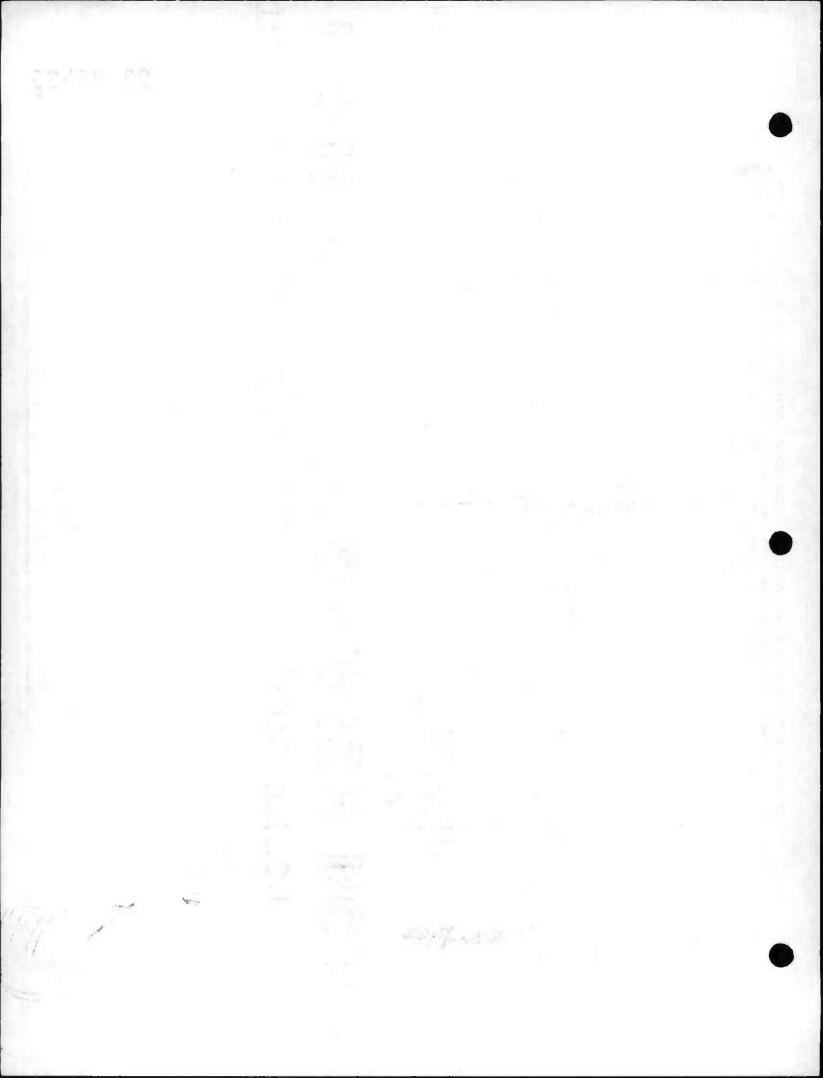
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THE STATE OF

with the second

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BALTIMORE, MARYLAND 21215-0020	hours after death, Page 6 may be retained by the hospital or attending physician.	L DIRECTOR: After this centificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Present the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fu I hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

	1. DECEDENT'S NAME (First, MALTA GO)		C		OLITTI	IOAIL	- 01	DEAL		2. OATE OF I	DEATH DAY	10	92	3. TIME OF OEATH 9:05 P
	4. SOCIAL SECURITY NUMBER		5. SEX	A AGE (In	yrs. last birthday)	IF UNDER	VEAD	IF UNDER	4 1990	Feb.		19		PLACE (State or Foreign
	578-62-5265	•	1 M 2 XF	85		MONTHS	DAYS	HOURS	MIN.	(Month, De	y, Year)	906	Countr	nsylvania
	9a. FACILITY NAME (If not insti	tution, give :	street and number)			9b. CITY	, TOWN	OR LOCATIO	N OF OE				NTY OF O	
DIRECTOR	ROCKVILLE N		G HOME			Ro	ckvi	111e				Mont	gome	ry
	RESIDENCE OF DECE	DENT 10b. COUNT	Υ		10c. CI1	Y, TOWN	OR LOCA	ATION						10d. INSIDE CITY
	Maryland 104. STREET AND NUMBER	Mon	tgomery			Gaith	_	burg						LIMITS? 1 ☐ YES 2 ※ NO WHAT COUNTRY?
	9501 Snyder	M:11	Court				16	208						States
	11. MARITAL STATUS 1 Never Married 2 M 3 Widowed 4 Divorce	arried	12. WAS DECEDED FORCES? IF YES, GIVE	1 YES	2 X NO	13.	WAS DE	CENDENT OF	HISPAN	HC ORIGIN? (S. rn, Puerto Ricar y:	pecify Yea 1, etc.)		14. RACI	- American Indian, k, White, etc.
		DENT'S EDU			16a. OECEOENT					16b. KIN	D OF BUS	INESS/IN	DUSTRY	
	(Specify only I Elementary/Secondary (0-1		College (1-4 or 5		life. Do NOT u	ise retired.)	during m	oat of working	7					
	8	-11			Homemak	er				Ow	n Ho	me		
	17. FATNER'S NAME (First, Mid									ME (First, Middl		Surname)		
	Jacob Lipow		311117	<u> </u>						Holla				
	Shirley Lev:		Daughta-	1						Route Number, (20070
	20a. METHOD OF DISPOSITIO		Daugnter	- 1					our	t, Gai	_			
	1 X Buriel 2 Cremation 4 Donation 5 Other (S	3 🗆 Rem			PLACE AND DATE	iends	ship	Ceme					city or To	Maryland
	21. SIGNATURE OF FUNERAL	SERVICE LI	CENSEE	,				NSKY-			MEMO	RTAT.	CHA	PELS, INC.
<	Lana	-4	11-	14	ne									MD 20852
z	resulting in deeth)		DUE TO	O (OR AS A	CONSEQUENCE	OF):					1.1.			1
OFFILI IONI IONI	Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST	IG y	c	,	CONSEQUENCE (
	PART II ON II III III		G								Trial Con-		1	
	PART II. Other algorifican	01	000				nderiyli	ng ceuse g	iven in		PERFOR	MED?	248	awilable Prior to Completion of Cause of Death?
	25. WAS CASE REFERRED TO	MEDICAL					94.5	DI ACE OF E	EATN 401	nack and and				
PHISICIAN	EXAMINER?	MEDICAL	HOSPITAL:	C 5000.4	allest a Class	QTHE	R:	est a mo		neck only one)				
	27. MANNER OF DEATH 1 Natural 6 P	ending	1 Inpatient 2 26s. DATE 0 (Month,		28b. TI	/	28c. IN	NJURY AT VORK?		6 Other (S)		NJURY O	CCUREO	
IEU BY	3 Suicide 6 C	ould not be etarmined		OF INJURY	At home, farm	street, fac	tory, off	lica			ON (Street i bwn, State)	and Numbe	er or Runai	Route Number,
COMPLE	onel only		SICIAN: To the best of											a) and manner as stated.
BE	29b. SIGNATURE AND TITLE	OF CERTIFIE	FR P2	A or	10		Ų.	29c. LICE	NSE NU	MBER 3 9		294. DA	TE SUGNES	(Month, Day, Year)
0	Chvist	11	HO COMPLETED CA	O G	ATH (ITEM 27) (74)	oe, Print)	613 Ro	- W	at li	mo	nt g	0 m	kry	0850
	FEB 19 9	j'	A SH DE STORY	Nipshm	- Contract		C.,	3		/				



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
S			

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN		MENT OF H		MENTAL HYGIEN	E	
	DECEDENT'S NAME (First, Middle, Last) ABE	GREENBAUM				2. DATE OF DEATH MONTH DA	1992 ^{YE}	3. TIME OF DEATH 12:30 A. M
	4. SOCIAL SECURITY NUMBER 579-44-1752	1 🕅 M 2 🗆 F	75 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 11/25/189	6 P	IRTHPLACE (State or Foreign outling) OLAND
TOR	9a. FACILITY NAME (If not institution, give s BETHESDA RETIREM RESIDENCE OF DECEDENT	Lucial Tancol Local			CHASE	АТН	9c. COUNTY	GOMERY
DIRECTOR	10a. STATE 10b. COUNT	Y		TOWN OR LOCAT				10d, INSIDE CITY LIMITS? 1XX YES 2 \(\text{NO}\) NO
FUNERAL	3001 VEAZEY TERR	ACF. #818			20008		10g. CITIZEN	OF WHAT COUNTRY?
BY FUNE	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATE	S ARMED 2 K NO	If yes, sp	ENDENT OF HISPAN	IIC ORIGIN? (Specify Yea n, Puerto Rican, etc.)	or No- 14.	RACE — American Indian, Black, White, atc. Specify: WHITE
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	General Section (Give kind of we life. Do NOT use	ork done during mo retired.)	ON st of working	16b. KIND OF BUS		
OM	17. FATHER'S NAME (First, Middle, Last)		DAK	LIK	16. MOTHER'S NA	ME (First, Middle, Maiden		OSTRESS.
BE C	SHAYA GREENBAU	M			HINDA			
TO B	19a. INFORMANT'S NAME (Type/Print)	(117.777)	CONTRACTOR OF THE PARTY OF THE			Route Number, City or Tow		
	SALLY GREENBAUM 208. METHOD OF DISPOSITION	(WIFE)	LACE AND DATE			#818 WASHI	NGTON,	
	1 X Burial 2 Commation 3 Rem 4 Donation 5 Other (Specify)	ADA	S ISRAE			2/24 WAS	HINGTO	N, D.C.
	21. SIGNATURE DIMENAL SERVICE	In Hi	Le_	DANZAI		DBERG MEMO		IAPELS, INC.
CERTIFICATION	23. PART I. Enter the diseases, or shock, or hear failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	e. DUE TO (OR AS A CO	ONSEQUENCE OF	rest	Cart	Irs ease	and of the same	Approximate Interval Between Onset and Death SO Mm
PHYSICIAN: MEDICAL C		ns contributing to death but	not resulting in	n the underlyIn	cause given in	Part I. 24e, WAS AN PERFOI 1 YES 2	RMED?	24b, WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 X NO	HOSPITAL:			ACE OF DEATH (Ch	6 Other (Specify)		
HYS	27. MANNER OF DEATH	1 Inpatient 2 ER/Outpatie	28b, TIME	OF 28c. IN.	URY AT	28d, DEŞCRIBE HOW I	NJURY OCCUR	ED
ВУ Р	Natural 8 Pending 2 Accident Investigation	(Month, Day, Year)	INJ		PRK? YES 2 NO			
ED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm, s	treet, factory, offic	a	281. LOCATION (Street City or Yown, State)		tural Route Number,
COMPLET	COLOCK ONLY	ER: On the basis of axamination a						ruse(s) and manner as stated.
BE	296. SIGNATURE AND VILLE OF CERTIFIE	11000			D 09 1	MBER 44		GNED (Month, Day, Year) 22/1992
5	30. NAME AND ADDRESS OF PERSON WE MICHAEL M. PHILL	IPS, M.D., 114	5 19TH			WASHINGTO		
	31. DATE FILED (Month, Day, Year) FFR 25 92	Julie Dandon	January.					

BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within actours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perm be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	DING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISI	TO THE HOSPITAL OR ATTEN	TO THE FUNERAL DIRECTOR: be filed within 72 hours after	IMPORTANT: It Item 28 I

TO BE COMPLETED BY FUNERAL DIRECTOR

JAMES EDWARD GREGORY III 4. SOCIAL SECURITY NUMBER 5. SEX 5. SEX 6. AGE (in ym. last brindley) 5. WAS DECEMBER 12 MB. 5. SEX 6. SEX MB. 6. SEX 6. SEX MB. 6. SEX 6. SEX MB. 6. SEX 6. SEX MB. 6. SEX 6. SEX MB. 6. SEX 6. SEX MB. 6. SEX 6. SEX MB. 6. SEX 6. SEX MB. 6. SEX 6. SEX MB. 6. SEX 6. SEX MB. 6. SEX 6. SEX MB. 6. SEX 6. SEX MB. 6. SEX 6. SEX MB. 6. SEX 6. SEX MB. 6. SEX 6. SEX MB. 6. SEX MB. 6. SEX MB. 6. SEX 6. SEX MB. 6. SEX	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI				YGIENE REG. NO.		
231—32—7849 IMAGENTA MANGE FOR A PRINCED LEGEORY THE MANGE FOR A PRINCED LEGEORY MARY LAND Prince George Hyattsville Sec. CITY, TOWN OR LOCATION TO EARTH Prince George Hyattsville Sec. CITY, TOWN OR LOCATION Mary Land Prince George Hyattsville Sec. CITY, TOWN OR LOCATION Mary Land Prince George Hyattsville Sec. CITY, TOWN OR LOCATION Mary Land Prince George Hyattsville Sec. CITY, TOWN OR LOCATION Mary Land Prince George Hyattsville Sec. CITY, TOWN OR LOCATION Mary Land Prince George Hyattsville Sec. CITY, TOWN OR LOCATION Mary Land Prince George Hyattsville Sec. CITY, TOWN OR LOCATION Mary Land Prince George Hyattsville Sec. CITY, TOWN OR LOCATION Mary Land Prince George Hyattsville Sec. CITY, TOWN OR LOCATION Mary Land Prince George Hyattsville Sec. CITY, TOWN OR LOCATION Mary Land 20783 11, Was DECEMBER FOR HARD CONTINENT If yes, specify class, sec. Land If yes, specify Look, Marketer, Refere, Market, Sec. Land If yes, specify Look, Marketer, Refere, Market, Sec. Land If yes, specify Look, Marketer, Refere, Marketer, M			II			MONTH	DAY		
7213 24th Place BY SET TO GO DECEDER 1 18. COUNTY MATY JAND Prince George 196. COUNT 196. COUNTY MAY JAND Prince George 196. COUNTY MAY JAND Prince George 196. COUNTY MAY JAND Prince George 197. 213 24th Place 197. WAS JAND 197. COUNTY 198. JAND 197. COUNTY 198. JAND 197. COUNTY 198. JAND 197. COUNTY 198. MAY JAND 197. COUNTY 198. JAND 197. COUNTY 198. MAY JAND 197. COUNTY 19	231-32-7849	1 ₹ M 2 □ F	58 YRS.	ONTHS DAYS	HOURS MIH.	July	19, 193	3 V	irginia
Sea, STATE MAIN DIMENSION OF DEPOSITION (Section of State County) Mary Land Prince George Hyattsville 190. 20 CODE 100. CRIZERO OF WAR COUNTY 7213 24th Place 12. WAS DECEMBER 1 100. CRIZERO OF WAR COUNTY 12. WAS DECEMBER 1 100. CRIZERO OF WAR COUNTY 13. WAS DECEMBER 1 100. CRIZERO OF WAR COUNTY 15. WAS DECEMBER 1 100. CRIZERO OF WAR COUNTY 15. WAS DECEMBER 1 100. CRIZERO OF WAR COUNTY 15. WAS DECEMBER 1 100. CRIZERO OF WAR COUNTY 15. WAS DECEMBER 1 100. CRIZERO OF WAR COUNTY 15. WAS DECEMBER 1 100. CRIZERO OF WAR COUNTY 15. WAS DECEMBER 1 100. CRIZERO OF WAR COUNTY 15. WAS DECEMBER 1 100. CRIZERO OF WAR COUNTY 15. WAS DECEMBER 1 100. CRIZERO OF WAR COUNTY 15. WAS DECEMBER 1 100. CRIZERO OF WAR COUNTY 15. WAS DECEMBER 1 100. CRIZERO OF WAR COUNTY 15. WAS DECEMBER 1 100. CRIZERO OF WAR COUNTY 15. WAS DECEMBER 1 100. CRIZERO OF WAR COUNTY 15. WAS DECEMBER 1 100. CRIZERO OF WAR COUNTY 15. WAS DECEMBER 1 100. CRIZERO OF WAR CRIZERO OF WAR COUNTY 15. WAS DECEMBER 1 100. CRIZERO OF WAR CRIZERO	7213 24th Place	street and number)				EATH			
96. 3FMECH AND NAMEDER 7213 24th Place 12. WAS DECEDENT EVEN NU.S. ARMED Nove Married 12. WAS DECEDENT EVEN NU.S. ARMED Nove Married 12. WAS DECEDENT EVEN NU.S. ARMED Nove Married 12. WAS DECEDENT EVEN NU.S. ARMED Widowal 4 November 12. WAS DECEDENT EVEN NU.S. ARMED Widowal 4 November 13. Was preciply claims. Marketin Purto Risen, etc.) 14. DECEDENT SOUCHING State of the Price American in State 12. WAS DECEDENT OF HISPANIC ORIGIN? (Spendly New North On Artist 12. WAS DECEDENT OF HISPANIC ORIGIN? (Spendly North On Artist 12. WAS DECEDENT OF HISPANIC ORIGIN? (Spendly North On Artist 12. WAS DECEDENT OF HISPANIC ORIGIN? (Spendly North On Artist 12. WAS DECEDENT OF HISPANIC ORIGIN? (Spendly North On Artist 12. WAS DECEDENT OR HISPANIC ORIGIN? (Spendly North On Artist 12. WAS DECED	0a. STATE 10b. COUN								10d. INSIDE CITY LIMITS? 1 🔀 YES 2 🗆 NO
MANITAL STATUS 12. WAS DECEMBENT EVILATION 15. MANE DECEMBENT OF INSTANCE AND PRINTED PR	Oe. STREET AND NUMBER		100	101	ZIP CODE				F WHAT COUNTRY?
Canal Contro	☐ Never Married 2 Married	FORCES? 1 X YES	2 NO	If yes, spe	city Cuban, Maxica	in, Puarto Rica	specify Yes or No	- 14. RA Bi	ACE — American Indian, ack, White, atc.
James Edward Gregory 18. MOTHER'S NAME (Pirot, Middle, Last) James Edward Gregory 18. MOTHER'S NAME (Pirot, Middle, Malchen Sumanne) Beatrice Watson 19. MOTHER'S NAME (Pirot, Middle, Malchen Sumanne) Beatrice Watson 19. MOTHER'S NAME (Pirot, Middle, Malchen Sumanne) 19. MOTHER'S NAME (Pirot, Middle, Malchen Sumanne) 19. MOTHER'S NAME (Pirot, Middle, Malchen Sumanne) 19. MOTHER'S NAME (Pirot, Middle, Malchen Sumanne) 19. MOTHER'S NAME (Pirot, Middle, Malchen Sumanne) 19. MOTHER'S NAME (Pirot, Middle, Malchen Sumanne) 19. MOTHER'S NAME (Pirot, Middle, Malchen Sumanne) 19. MOTHER'S NAME (Pirot, Middle, Malchen Sumanne) 19. MOTHER'S NAME (Pirot, Middle, Malchen Sumanne) 19. MOTHER'S NAME (Pirot, Middle, Malchen Sumanne) 19. MOTHER'S NAME (Pirot, Middle, Malchen Sumanne) 20. LOCATION — City or Town, State. 20. LOCATION — City or Town, State. 20. LOCATION — City or Town, State. 20. LOCATION — City or Town, State. 20. LOCATION — City or Town, State. 20. LOCATION — City or Town, State. 20. LOCATION — City or Town, State. 20. LOCATION — City or Town, State. 20. LOCATION — City or Town, State. 20. LOCATION — City or Town, State. 20. LOCATION — City or Town, State. 20. LOCATION — City or Town, State. 20. LOCATION — City or Town, State. 20. LOCATION — City or Town, State. 20. LOCATION — City or Town, State. 20. LOCATION — City or Town, State. 20. LOCATION — City or Town, State. 20. LOCATION — City or Town, State. 20. LOCATION — City or Town, State. 21. Location — City or Town, State. 22. Location — City or Town, State. 23. Location — City or Town, State. 24. Location — City or Town, State. 25. Location — City or Town, State. 26. Location — City or Town, State. 27. Location — City or Town, State. 28. Location — City or Town, State. 29. Location — City or Town, State. 29. Location — City or Town, State. 29. Location — City or Town, State. 29. Location — City or Town, State. 29. Location — City or Town, State. 29. Location — City or Town, State. 29. Location — City or Town, S	(Specify only highest gra-	de completed)	(Give kind of wor	k done during mo	IN at of working		7.40		
Separation Sep	7. FATHER'S NAME (First, Middle, Last)		Educato	r		ME (First, Midd	lle, Malden Suman		
Sequenties Seq	Da. INFORMANT'S NAME (Type/Print)				nd Number or Rural	Route Number,	City or Town, State		
Donation 6 Other (Specify) Quantico Natonal Cemetery Triangle, Virginia 32. RAME AND ADDRESS OF FACILITY MCGUITE Tuneral Service 7400 Georgia Ave. N.W. Washington, D.C 7400 Georgia Ave. N.W. Washington, D.C Approximates the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval onset a shock, or heer fellure. List only one cause on each line. MMEDIATE CAUSE (Finel lisease or condition sesulting in death) DUE TO (OR AS A CONSEQUENCE OF): 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 DECEMBER AUTOPSY AMALABLE PRICE AU		4	b. PLACE OF DISPOSIT			ttsvil	20c. LOCATION	N — City or	Town, State
DUE TO (OR AS A CONSEQUENCE OF): DUE TO	3. (ART) I. Enter the diseases, Dehock, or heert fellum	Seller complications that cause	eech line.	7400 (Georgia .	Ave. N	.W. Was		20012 con, D.C. Approximate interval Between Onset and De
S. WAS CASE REFERREO TO MEDICAL EXAMINER? 1	Sequentielly list conditions, if any, leeding to immediate sause. Enter UNDERLYING CAUSE (Disease or injury hat initiated events	bDUE TO (OR AS	A CONSEQUENCE OF):						
EXAMINER? 1 YES 2 NO 1 Inpetient 2 En/Outpatient 3 DOA 4 Nursing Home Realdence 6 Other (Specify) 7. MANNER OF GEATH (Month, Dey, Year) 2 Accident 3 Suicide 6 Could not be detarmined 2 Accident 5 Outlet not be detarmined 2 See. PLACE OF INJURY — At home, farm, street, factory, office 2 See. PLACE OF INJURY — At home, farm, street, factory, office 2 See. PLACE OF INJURY — At home, farm, street, factory, office 2 See. PLACE OF INJURY — At home, farm, street, factory, office 2 See. PLACE OF INJURY — At home, farm, street, factory, office 2 See. PLACE OF INJURY — At home, farm, street, factory, office 2 See. PLACE OF INJURY — At home, farm, street, factory, office 3 See. PLACE OF INJURY — At home, farm, street, factory, office 2 See. PLACE OF INJURY — At home, farm, street, factory, office 2 See. PLACE OF INJURY — At home, farm, street, factory, office 3 See. PLACE OF INJURY — At home, farm, street, factory, office 2 See. PLACE OF INJURY — At home, farm, street, factory, office 2 See. PLACE OF INJURY — At home, farm, street, factory, office 3 See. PLACE OF INJURY — At home, farm, street, factory, office 2 See. PLACE OF INJURY — At home, farm, street, factory, office 3 See. PLACE OF INJURY — At home, farm, street, factory, office 2 See. PLACE OF INJURY — At home, farm, street, factory, office 2 See. PLACE OF INJURY — At home, farm, street, factory, office 2 See. PLACE OF INJURY — At home, farm, street, factory, office 2 See. PLACE OF INJURY — At home, farm, street, factory, office 2 See. PLACE OF INJURY — At home, farm, street, factory, office 3 See. PLACE OF INJURY — At home, farm, street, factory, office 4 See. PLACE OF INJURY — At home, farm, street, factory, office 2 See. PLACE OF INJURY — At home, farm, street, factory, office 3 See. PLACE OF INJURY — At home, farm, street, factory, office 4 See. PLACE OF INJURY — At home, farm, street, factory, office 5 See. PLACE OF INJURY — At home, farm, street, factory, office 6 See. PLACE OF INJURY — At home, farm, street, factory, office	PART II. Other significant condition	one contributing to deeth	but not resulting in	the underlyin	g cause given in	2/11/2	PERFORMED?		24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO
7. MANNER OF OEATH Netural 2 Accident 3 Suicide 4 Homicide 4 Homicide 5 Could not be detarmined 2 Accident 3 Suicide 4 Homicide 5 Could not be detarmined 2 Accident 5 Could not be detarmined 2 Accident 5 Could not be detarmined 2 Accident 5 Could not be detarmined 2 Accident 5 Could not be detarmined 2 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated. Check only 2 MEDICAL EXAMINER: On the best of axamination and/or investigation, in my opinion, dasth occurred at the time, data and place, and due to the cause(a) and menner as council.	EXAMINER?			OTHER:	-1		ioectiv)		
3 Suicide 4 Homicide 5 Could not be detarmined 5 Could not be detarmined 5 Certifier (Check only one) 5 Certifier (Check only one) 5 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, dasth occurred at the time, data and place, and due to the cause(a) and menner as stated.	Natural 8 Pending	(Month, Dey, Year)	26b. TIME	OF 28c. IN.	URY AT			OCCURED	
(Check only one) 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.	3 Suicide 6 Could not b	28e. PLACE OF INJUR building, stc. (Spo		eet, factory, offic	a			imber or Rui	ral Route Number,
96, SIGNATURE AND TIDEO CERTIFIES 29d. DATE BIGNED (MARTIN, Day, Ye	(Check only								se(s) and menner as stated
0. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	- gou	~)	EATH OTHER TO	Defeat	29c. LICENSE NL	43/	29d.	DATE BIG	NED (Mgrith, Day, Year)
EARLY MY MAD G188 OXOW HM 1A, DXOW HS 4 MA 2074	Frank (m &	JANM.D.	6188 Ox	Couth	1 14,	0200	WH34	Mo	120745

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI	MENT OF H	EALTH AND N	MENTAL HYGIENE REG. NO.		00403
	1. DECEDENT'S MAME (First, Middle, Leet) ESPERAN	ZA P. G	ONZA	LEZ		2. DATE OF DEATH MONTH DAY	YEAR 93	
		1 M 2 DF	4 gyrs. M	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		Cor	ITHPLACE (State or Foreign intry) Mexico
CTOR	Washinston Adu	entist 40	spital :	Ta Kon	r LOCATION OF DE		MON	
- DIRECTOR	10a. STATE 10b. COUNTY	PR Geo	10c. CITY, 1	Math	suille			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	2805 Lance				ZIP CODE	82	U.	S . A .
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 ANO	13. WAS DECI	cify Cuban, Maxicar	IC ORIGIN? (Specify Yea or P I, Puerto Rican, etc.) Mexican	Bi	ACE — American Indian, ack, White, atc.
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12) 12th	ATION ompleted) College (1-4 or 5+)	18e. DECEDENT'S US (Give kind of work life. Do NOT use in Hairdre	k done during mos stired.)	N It of working	16b. KIND OF BUSINE		
BE COM	17. FATHER'S NAME (First, Middle, Lest) Primotivo	(Ponzalez	3301	16. MOTHER'S NAM	AE (First, Middle, Malden Surn	Pere	Z
TO B	19e. INFORMANT'S NAME (Type/Print) Felix Laboy		196. MAILING AD 2805	DRESS (Street ar	Dr.,	oute Number, City or Town, St. Hyattsvill	ete, Zip Code)	· · · · · · · · · · · · · · · · · · ·
	20a METHOD OF DISPOSITION ***Commetted 2 Cremetton 3 Remov 4 Donation 6 Other (Specify)	GO	PLACE AND DATE OF DEPOY OF THE	Smingt	on Cem	2/19/92	ON - City or Adel	phi, Md.
1	21. SIGNATURE OF FUNERAL/SERVICE LICEN	Bujler		22. NAME AN Talko	Ma Fune N.W.	eral Home, Vashington	Inc.	. 254 Carro
	23. PART I. Enter the disesses, or conshock, or heart failure. Lind IMMEDIATE CAUSE (Final disease or condition resulting in death)	AS7	the desth. Do not ich line. ROCY CONSEQUENCE OF:	TOM I		3RAIN	ry arreat,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, laading to immediata cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST		CONSEQUENCE OF):					
	PART II. Other significant conditions	contributing to death be	It not resulting in t	he underlying	Cours since is E			
PHYSICIAN: MEDICAL				na underlying	causa given in r	24e, WAS AN AUTO PERFORMED 1 YES 2	2	Ib. WERE AUTOPSY FINDINGS AMARABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	LOSPITAL:	0	26. PL/	CE OF DEATH (Chec	ck only one)		
ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME O	F 26c. INJU WOR		Other (Specify) 28d. DESCRIBE HOW INJUR	Y OCCURED	
	3 Suicide S Could not be	26a. PLACE OF INJURY building, atc. (Speci	At home, farm, atree			28f. LOCATION (Street and N City or Town, Stete)	umber or Rura	l Route Number,
COMPLETED	29a. CERTIFIER (Check only one) The property of the control of the control one one of the certifier of the certifier one of the certifier of	AN: To the best of my knowle On the basis of examination	edge, death occurred a and/or investigation, is	t the time, date a	and place, and due to	o the cause(a) end manner a	a stated,	(a) end manner as stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Karin 1	4D		D 188	95 Per 29d	DATE SIGNE	D (Month, Day, Year)
	MOBARHK KAR	IM, 7610		"AVE	TAKOM	H PARK	, MI	
	FEB 20 392	32. REGISTRAR'S SIGNA	TURE COMPANY DESCRIPTION					

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page 6 mich within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 -	FOR STATE REGISTRAR

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR		C	ERTIF	ICALL	= OF	DEAT	H		REG. NO			
1. DECEDENT'S NAME (First, Middle, Last)							-		OF DEATH		12.	3. TIME OF DEATH
JEROME	GERARD	GRIF	FIN					MONT		13.	YEAR 1992	
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Ia	st birthday)	IF UNDER	1 YEAR	IF UNDER		7. DATE	OF BIRTH	109	S. BIRTH	2:55 P. M
019-16-0059	1 M 2 F	69	YRS.	MONTHS	DAYS	HOURS	MIN.	SEP'	T. 30	102	Countr	ν)
9a. FACILITY NAME (If not institution, give stre	net and number)	0		9b. CITY,	, TOWN O	R LOCATIO	N OF DEA		1. 50	-	INTY OF D	SSACHUSETTS EATH
18101 METZ DR	IVE			GF	FRMAT	NTOWN	J					
RESIDENCE OF DECEDENT							ν				MONT	GOMERY
354 5222 4425			10c. CIT	Y, TOWN O	OR LOCATI	ION						10d. INSIDE CITY LIMITS?
MARYLAND] 100. STREET AND NUMBER	MONTGOME	ERY		GERM	MANTO							1 YES 2 NO
					101.	ZIP CODE				10g. CIT	IZEN OF V	WHAT COUNTRY?
	IVE						2087				U	SA
1 Never Married 2 Merried		X YES 2		13. 1	WAS DECE	ENDENT OF	F HISPANIC	ORIGIN Puerto F	? (Specify Ye	s or No-		— American Indian, t, White, etc.
3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES				2X NO					° Speci	
15. DECEDENT'S EDUCA	TION	16a DI	ECEDENT'S	IISHAL O	CCHERATIO	M		1 401	VIII 07 5			
(Specify only highest grade co	College (1-4 or 5 +		Give kind of ver. Do NOT us	vork done o	during mos	t of working	7	160.	KIND OF BU	ISINESS/IN	DUSTRY	
12	College (1-4 0/ 5 +		EARCH	I PAT	TOH?	OGTST	1	RI	וסקערי	A MA	17 A T A	MED. CENTER
17. FATHER'S NAME (First, Middle, Last)					I	OLDI			Aiddle, Maide		VAL I	TED. CENTER
JOHN PATRICK	GRIF	FIN					LARY		A .		EHAN	
19a, INFORMANT'S NAME (Type/Print)			b. MAILING	ADDRESS	(Street an	_			er, City or Tox			
DAVID A. GRIFFIN .	(SON)								OWN, N			00077
20a. METHOD OF DISPOSITION		20b. PLACE					GLIGI	DATE		CATION -		
1 Buriel 2 Cremetion 3 Remove 4 Donation 6 Other (Specify)	al Irom State	cemetery cre	ematory or of	her niece)			יחששים	1				
21. SIGNATURE OF FUNERAL SERVICE LICEN	NSEE	INKLIN	GION	22. P	NAME AND	DADDRES	S OF FACIL	I Z/	IN AF	LING.	TON,	VIRGINIA
12.75	20			FR	ANCI	SJ.	COL	LTNS	FIIME	RAT. 1	HOME.	INC.
Ray Da	1	~							LONE			
		(50	O UN	ITVER	STTY	BT.V	D. W.	STI	SP.	
23. PART I. Enter the diseases, or our shock, or heart failure. Lie	mplicationa that st only one caus	caused the de	eath. Do n	50	O UN	ITVER	STTY	BT.V	D. W.	STI	SP.	MD 20901
IMMEDIATE CAUSE (Final	mplications that st only one caus	caused the dese on each line	eath. Do n	50	O UN	ITVER	STTY	BT.V	D. W.	STI	SP.	, MD 20901
shock, or heart failure. Lit	st only one caus	se on each line	в.	50 lot enter	0 UN	IIVER le of dylr	SITY ng, such	BLV as card	D. W.	STI	SP.	Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition	DUE TO	JG EST I	OUENCE OF	50 not enter	the mod	IIVER	SITY ng, such	BLV as card	D. W.	STI	SP.	Approximate interval Between
IMMEDIATE CAUSE (Final disease or condition reaulting in death)	CON DUE TO (JGESTI OR AS A CONSE	OUENCE OF	14 E	the mod	IIVER	SITY ng, such	BLV as card	D. W.	STI	SP.	Approximate Interval Between Onset and Death
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IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (JG EST I OR AS A CONSE	OUENCE OF	50 oot enter (+ E): ARS	O UN the mod	IIVER le of dylr T. F.	SITY ng, such a	BLY as card UR TH	D. W. lac or reap	SI) Iratory and AUTOPSY HMED?	SP oreat,	MD 20901 Approximate interval Between Onset and Death 3 Ma, WERE AUTOPSY FINDINGS, AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent conditions of the conditions of th	DUE TO (DUE TO	JG EST ION AS A CONSE	OUENCE OF OUENCE OF OUENCE OF TOBUITING II	OTHER A DINING MAN	deriying 28. PLA: ing Home 28c. INJU WOR 1 VE	Cause gl	SITY Ig. such : AIL PATH (Check Idence 6 2	BLI as card UR TH art I. Other 6f. Loca	D. W. Isac or reap 24a. WAS AN PERFOI 1 YES:	AUTOPSY MMED? NJURY OCC	24b.	MD 20901 Approximate interval Between Onset and Death 3 Ma. WERE AUTOPSY FINDINGS. AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent conditions of the conditions of the cause of the conditions of the cause of the ca	DUE TO (DUE TO	JG EST I OR AS A CONSE OR AS A	OUENCE OF OUENCE OF OUENCE OF Tresulting Is DOA 28b. Time INJU whe, farm, st	OTHER 4 Nural E OF HRY M	deriying 28. PLA ::ing Home 29c. INJUI WOR 1 YE	Cause gl	SITY Ig. such a AIL Ven In Pa ATH (Check Idence 6 2 2 1 1 1 1 1 1 1 1	BLV as card U2 TH art I. Conly one City of the cause	24a. WAS AN PENFO (Specify) THON (Street Yown, State)	AUTOPSY MED?	24b.	WERE AUTOPSY FINDINGS. AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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IMMEDIATE CAUSE (Final disease or conditions resulting in death) Sequentielly flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificent conditions of the conditions of t	DUE TO (DUE TO	JG ST ION AS A CONSECTION AS A	OUENCE OF OUENCE OF OUENCE OF OUENCE OF Peaulting In DOA 295. Time INJU ath occurre- Investigation	OTHER 4 Number of Market Inc., in my op	deriying 28. PLA 1 YE Yey, office Te, data a	Cause gl	SITY Ig, such a AIL PA AIL Ven in Pa ATH (Check Idence 6 2 NO 2 and due to d at the time	BLV as card U2 TH art I. conly one City of the cause ne, date of	24a. WAS AN PENFO (Specify) THON (Street Yown, State)	AUTOPSY MAED? SANO NJURY OCI and Number and estate d due to the	24b. 24b. or Rural Ro ed. e cause(a)	MD 20901 Approximate interval Between Onset and Death 3 Mg, WERE AUTOPSY FINDINGS. AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
IMMEDIATE CAUSE (Final disease or conditions resulting in death) Sequentielly flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificent conditions of the conditions of t	DUE TO (DUE TO	JG ST ION AS A CONSECTION AS A	OUENCE OF OUENCE OF OUENCE OF OUENCE OF Peaulting In DOA 295. Time in, in, in, in, in, in, in, in, in, in,	OTHER 4 Number of treet, factor of the line, in my op	deriying 28. PLA ing Home 28c. INJUI WOR 1 VE Pry, office	Cause of Cau	SITY Ig, such a AIL PA Ven In Pa ATH (Check idence 6 2 2 1 1 1 1 1 1 1 1	BLV as card U2 TH art I. confly one City of the cause the cause are, date of	24a. WAS AN PERFO (Specify) THON (Street r Town, State) se(e) and mained place, er	AUTOPSY MAED? NJURY OCC and Number and to the	24b. 24b. cured or Rural Ro	WERE AUTOPSY FINDINGS. AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

192° 19

BALTIMORE, MARYLAND 21215-0020

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. 10+1

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urs after death. Page 6 may be retained by the hospital or attending physician.	illed in by the funeral director, page 5 should be detached for use as the burial-transit permit. on, or removal.	he medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jurs after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely lifed in by the funeral director, page 5 should be detached for use as the burial-transit permit. Per flad within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Square Drive Baltimore,

9000 Franklin
31. DATE WAR 00 9 1992

TO BE COMPLETED BY FUNERAL DIRECTOR

	A 88-6-W 1		_	CERTI	FICAI	E OF	DEAL	п	REG.			
1. DECEDENT'S NAME (First	Baby	Boy		HIGGS					2. DATE OF DEATH	DAY	YEAR	3:05 am
4. SOCIAL SECURITY NUM	BER	5. SEX 1 X XM 2 F	6. AGE (in yrs. last birthday) IF UND MONTHS	ER 1 YEAR DAYS	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year 3/3/9	12	Count	HPLACE (State or Foreign
9n. FACILITY NAME (If not	institution, give a	treet and number)			9b. CI	TY, TOWN C	R LOCATIO				UNTY OF D	
Franklin	Squar	e_Hospi	ital	Cente	7	Balt	imor	`e		В	alti	more
RESIDENCE OF DE 10a. STATE	10b. COUNT					OR LOCAT						10d. INSIDE CITY
MD	Balt	imore		В	alt	imor	e					LIMITS?
10e. STREET AND NUMBER	1					101	ZIP CODE	E		10g. C		WHAT COUNTRY?
											U.	S.A
11. MARITAL STATUS 1. Never Married 2 3 Widowed 4 Dh	Married	12. WAS DECEDER FORCES? IF YES, GIVE	YES	2 NO	10	If yes, sp		n, Mexica	IIC ORIGIN? (Specify n, Puerto Rican, atc. 7:		Blac	E — American Indien, k, Whita, atc.
	CEDENT'S EDU			16a. DECEDENT				_	16b. KIND OF	BUSINESS/II	DUSTRY	
Elementary/Secondary	T	College (1-4 or 5	+)	life. Do NOT	use retired	e during mo	st or woman	10				
17. FATHER'S NAME (First,									ME (First, Middle, Ma			
David Hi	ggs						Ja	net	Marfay	Law	son	
19a. INFORMANT'S NAME	(Type/Print)			19b. MAILI	NG ADDRE	SS (Street a	nd Number	or Rural I	Route Number, City or	Town, State, 2	Zip Code)	
20a. METHOD OF DISPOSI 1 Burlal 2 Cremat 4 Donation 5\(\)(the	lon 3 🗆 Rem			PLACE OF DISP other place		Name of cer				alti		
21. SIGNATURE OF FUNER	AL SERVICE LIC	CENSEE			2	2. NAME AN	ID ADDRES	SS OF FA	CILITY			
23. PART I. Enter the shock, or IMMEDIATE CAUSE (F disease or condition resulting in death)	haert fallure. Inel	a. Due To	use on a	sch line.					h as cardiac or n	espiratory a	irrest,	Approximate Interval Between Onset and Death
Sequentially list cond		. INC	om	PETER	17	CER	-117	<				
If any, leading to imm cause. Entar UNDERL' CAUSE (Disesaa or in	ediete YING	C		CONSEQUENCE								
that initiated events resulting in deeth) LA	ST	d.	O (OR AS A	CONSEQUENCE	OF):							
PART II. Other signific	cant condition	e contributing to	death b	ut not resultin	g in the	underiyin	cause (given in	PEF	S AN AUTOPS REPRESENTED?	Y 24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
												I TES Z NO
25. WAS CASE REFERRED EXAMINER? 1 YES 2\(\)XNO	TO MEDICAL	HOSPITAL:	☐ ER/Oute	nation: 3 DOA	ОТН	ER:			eck only one) 6 Other (Specify)			
27. MANNER OF DEATH		26a. DATE O	_	26b, 1	IME OF	28c. INJ	URY AT		26d. DESCRIBE H		CCURED	
1 X Natural 5 2 Accident	Pending Investigation	(MORRIT, 1	Day, rour)		M		RK? YES 2	NO				
0.000	Could not be detarmined	28e. PLACE building	OF INJURY	— At home, farr	n, street, f	actory, offic	•		261. LOCATION (St. City or Town, S		oer or Rural	Route Number,
one)									to the cause(a) and			a) and menner as stated.
29b, SIGNATURE AND TITI			- ANTHONING	sicuor investigi	won, in m	y opinion, c						
		Quity	- 11	0			ZVC. LICI	ENSE NUI	MDEH		TE SIGNE	D (Month, Day, Year)

D39865

MD

21237

FOR

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIF	ICATE O	F DEATH		REG. NO.			
1. OECEDENT'S NAME (First, Middle, Last)					2. DATE OF	OEATH			3. TIME OF DEATH
Joyce Ann H	itchens				02	_ 2:	2 -19	YEAR	
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(in yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH	2 - 1		7:05 pM LACE (State or Foreign
222-20-0410	1 □ M 2 🔀 F 57	YRS.	MONTHS DAYS	HOURS MIN.	Dec.	4 19	34	Country)	on, MD
9a. FACILITY NAME (If not institution, give str	reet and number)		9b. CITY, TOW	N OR LOCATION OF		., _,		INTY OF DEA	
Salisbury Nursin	g Home		Salis	sbury			W.	icomic	70
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY								LCOMIT	
1000000	•		Y, TOWN OR LOC	CATION				1	10d. INSIDE CITY LIMITS?
Maryland Wicom	100	Sal	isbury						YES 2 NO
Rt. #6 Box 70				101. ZIP CODE					IAT COUNTRY?
11. MARITAL STATUS	12 WAS DECEDENT EVEN I	1110 45455		21801				S. A	
1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS OECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes,	ecenoent of Hispa specify Cuban, Mexic ES 2 NO Spec	en, Puerto Rica	Specify Yes en, atc.)	or No-	Black,	- American Indian, White, atc. White
15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	18a. DECEDENT'S	USUAL OCCUPA	TION	16b. KII	ND OF BUS	INESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	IIIe. Do NOT us	e retired.)	most or working					
10		Homema	ker		0wn	home			
17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S N			Sumame)		
Virgil Edward Dav	LS			Lana Co	-				
19a. INFORMANT'S NAME (Type/Print) Mollie McCabe				t and Number or Rura					
20a. METHOD OF DISPOSITION			. Marke		lades,				
1 Buriel 2 X Cremation 3 Ramo 4 Donation 5 Other (Specify)	val from State	PLACE AND DATE OF PLACE AND DATE OF STREET S	per place) nore Cr	Name of cematoriu	m 2-24	Geor	geto	Wn, D	n, Stata E
21. SIGNATURE OF FUNERAL SERVICE LICE	INSEE / /		22. NAME	AND ADDRESS OF F	ACILITY				
Willer: M	Hall		Short	-Windsor	-Dishar	roon	Fune	ral H	ome
23. PART I. Enter the diseases, pr co	omplications that caused	the death. Do n	Dt enter tha m	78 Laur	el, DE	1995	b retorn er	re et	Approximate
IMMEDIATE CAUSE (Final disease or condition	ist only one cause on e	ach line.	0	who are			utbiy an		Interval Between Onset and Death
resulting in death)		CONSEQUENCE OF		000	-0-40 W				
									i
Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF	k:						
CAUSE (Disease or Injury		Manager Colored Colore							
that initiated evants resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	t.						
PART II. Other significant conditions	contributing to death b	ut not resulting in	the underlyi	ng cause given in	Part I. 24e	WAS AN A	MITOPSY	24h. W	ERE AUTOPSY FINDINGS
Live Cores until	Sam 1	white	1.4	porthypa	10	PERFORM		A	MILABLE PRIOR TO OMPLETION OF CAUSE
CBPD.			00	0	DO MON 1	YES 2	T.	0	F DEATH?
A distriction of the second					-			1	☐ YES 2 ☐ NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26.1	PLACE OF DEATH (C)	heck only one)			_	
The state of the s	HOSPITAL: 1 D Inpetient 2 D EN/Outp	otient 3 DOA	OTHER:	me 5 C Residence		entra de la companya della companya			
27. MANNER OF DEATH	28s. DATE OF INJUSTY (Month, Day, Year)	288. TIME	OF 26c. IN	LJURY AT	28d. DESCRIE		JURY OCC	CURED	
1 Natural 5 Panding	(100000, 1000, 1000)	,,,,,,	The second second	YES 2 NO					
3 Suicide 8 Could not be	28s. PLACE OF INJURY Instituting, etc. (Speci	At home, farm, st	reet, factory, offi	CH	28f. LOCATIO	N (Street at	nd Number	or Runal Rout	In Number
4 Homicide determined		30.			City to 15	wn, State)			10:1A:1A:2-5-2
29a. CERTIFIER Check only PHYSICI	AN: To the beat of my knowl	edge, death occurred	I at the time, dat	a and place, and due	to the cause(s)) and mann	har no otel	ad	
one) 2 MEDICAL EXAMINER:	On the basis of exemination	and/or investigation	, in my opinion,	death occured at the	time, data and	place, and	due to th	e cause(s) a	nd manner as stated.
296. SIGNATURE AND PITTLE OF CERTIFIER				29c. LICENSE NU					Day, Year)
CNV	1			D-4019		-	▶ 7_	2 SIMMED IM	O Year)
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type, I	Print)	D-4013				1	
EDDIE VELAZQUEZ,				E. SALISE	אר ארווזע	D 03	1007		
FEB 2 5 1992 &	32. BEGISTRAR'S SIGNA	TURE PO	- LAVI	<u> </u>	NITY (V)	Ja /.]	נסטו		

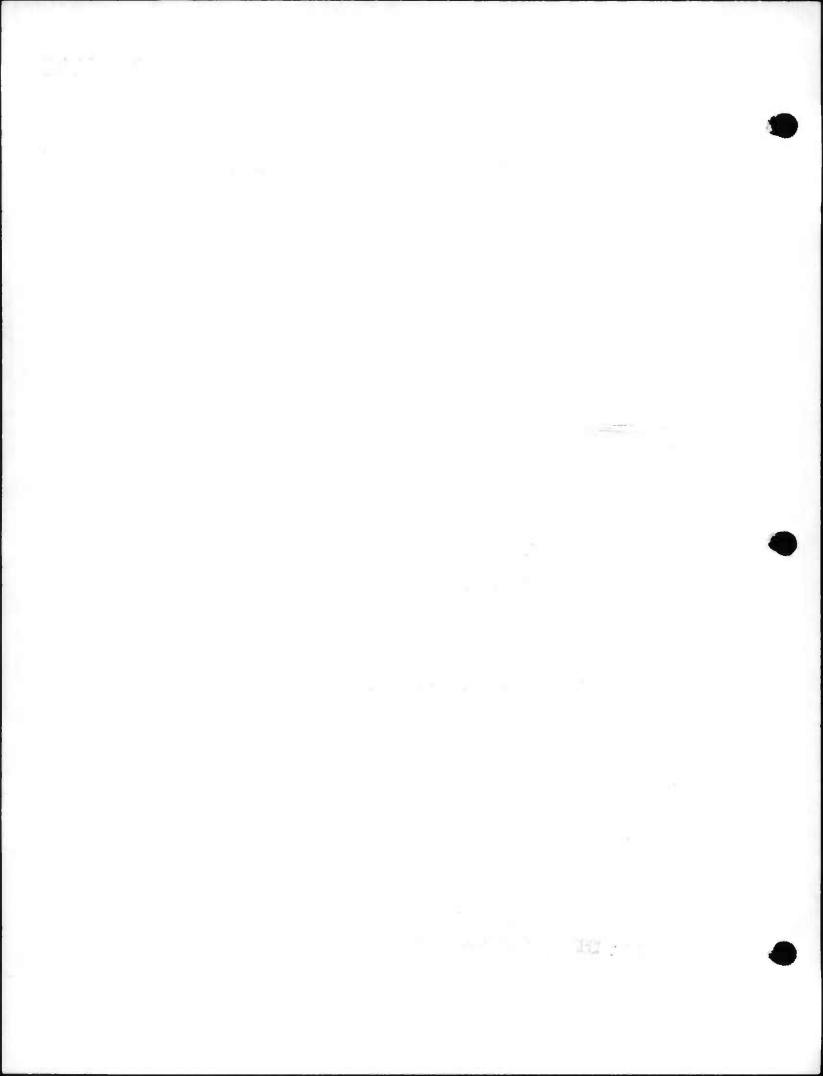
and the second

	1 - STATE REGISTRAR	STATE OF MARYLAND		TE OF DEAT		NIAL HTUIEN REG. NO.	3	
	1. DECEDENT'S NAME (First, Middle, Last)	Uranes			2.	DATE OF DEATH MONTH DATE	Yan YE	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX & AGE (In yrs. la	st birthday) IF U	NDER 1 YEAR IF UNDER 2	4 HRS, 7.	DATE OF BIRTH	8. B	IRTNPLACE (State or Foreign
	215-92-1085	1 DM 2 DF 69	YRS. MONT	THE DAYS HOURS	MIN.	(Month, Day Year)	23 °	ountry)
	9e. FACILITY NAME (If not Institution, give s	treet and number)	9b.	CITY, TOWN OR LOCATION	N OF DEATH		9c. COUNTY	OF DEATN
DIRECTOR	721 N. Westove	-arcle		Jalis bur	7 - 7	md.	Wic	٥.
EC.	10e. STATE 10b. COUNTY	1	10c. CITY, TO	WN OR LOCATION				10d. INSIDE CITY
	MOL. U.	nco	Sa	lisbury				1 A TES 2 NO
FUNERAL	721 No West	ver arile		101, ZIP 90DE	80/		10g. CITIZEN	of what country?
S	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. AF	MEO	13. WAS DECENDENT OF			or No- 14.	RACE — American Indien, Bleck, White, atc.
BY F	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 TYES 2 THE STATES	NO	If yes, specify Cuben,		uerto Rican, etc.)		Specify: R/K
	15. DECEDENT'S EDU]	1			Tank Kinin of Nil		131.
ETE	(Specify only highest grade	completed) (C	ECEDENT'S USUA Bive kind of work of b. Do NOT use reti	lone during most of working	,	18b. KIND OF BUS	SINESS/INDUST	RY
COMPLETED	Elemantary/Secondary (0-12) E/cm	College (1-4 or 5+)	/	aborer		lak	sover	
	17. FATNER'S NAME (First, Middle, Last) Unknown			18. MOTHE	1 1	(First, Middle, Maiden	Surname)	
TO BE	190. INFORMANT'B NAME (Type/Print)	enlaine Cale 18	b. MAILING ADD	RESS (Street and Number of	///	-	n, State, Zip Cod	'n./
	The state of the s		KF#2	BOX 706	Ban	by hane	201	usbury, ma.
	20e. METTOD OF DISPOSITION 1 Description 2 Commention 3 Rem 4 Donatton 8 Donatton (Specify)	oval from State	OF DISPOSITION	Memma of comotory, crome	andon	20c. LO	CATION — City	or Town, State
	21. SIGNATURE OF FUNLTIAL SERVICE LIC	CENSEE	0	22. NAME AND ADDRESS			016	om &
	18/10	8	000	WATSO	N. F	Soliher	3	10. 2/80/
	23. PART I. Enter the diseases, or entert failure	complications that caused the d		ntar the moda of dyin	ng, auch e	e cerdiec or resp	patory arrest,	Approximate interval Between
	IMMEDIATE CAUSE (Finel	Liat only one cause on acci in				_ 1	· A	
	disease or condition resulting in deeth)	· Cardeop	elu	oner	17	Failer + Pu	1.R	
		DUE TO (OR AS A CONSE	OUENCE OF):	+= 6		i-1	4 -	
ON	Sequantially list conditions,	b. DUE TO (OR AS A CONSE	OUENCE OF:	touc,	4,00	* TU	nea,	ce
AT	if any, leeding to immadieta ceuse. Enter UNDERLYING	0.000.000.000.000.000						
H	CAUSE (Disease or injury that initiated events	CDUE TO (OR AS A CONSE	OUENCE OF):					
CERTIFICATION	resulting in death) LAST	d						
	PART ii. Other aignificant condition	ns contributing to death but not	reaulting in th	a underlying cause gi	iven in Par	rt I. 24a, WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDING®
ICAL	Frenti	al Hyper				PERFOI	. /	AVAILABLE PRIOR TO COMPLETION OF CAUSE
MED	Gein	re Mis	RARE	1		_ 1 123 4	. Ly NO	DF DEATH? 1 TYES 2 NO
2	Al The	is a let				-		
A	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DE	ATH (Check	only one)		
SIC	EXAMINENT 1 TES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatient		HER: Nursing Nome 5 Afee	eldence 8 [Other (Specify)		
PHYSICIAN:	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJURY AT WORK?	28	d. DESCRIBE HOW	NJURY OCCUR	ED.
8	1 Accident 8 Pending Investigation			M 1 YES 2	NO			
ED	3 Suicide 8 Could not be 4 Nomicide determined	28e. PLACE OF INJURY — At h building, etc. (Specify)	ome, farm, atreel	, factory, office	26	Bf. LOCATION (Street City or Town, State)	end Number or R	lural Route Number,
COMPLET	290. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my knowledge, d	eath occurred at	the time, date and place	and due to	the causals) and ma	nner se stated	
ME	cool city	R: On the basis of examination and/or						use(s) end manner es stated.
E CC	296. SIGNATURE AND TITLE OF CERTIFIE	1		29c. LICEI	NSE NUMBE	R	29d. DATE SH	SNED (Month, Dig.: War)
00	ance	res		D3-	76	10	12	134/97
5	The same of the sa	O COMPLETED CAUSE OF DEATH (IT	FM 27) (Type Prin	105	11 .	-	1	Y A DIE

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Month, Day, FEB 25

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a



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L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending p	
	24 mours after death. Page 6 may be retained by the hospital or attending

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mounts after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transfer	ept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death of	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attend	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR	STATE OF MARYL			HEALTH AND F DEATH	MENTAL	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last) MABEL ARINTHA	HASTINGS	, :			MONTH	OF DEATH	9 199	ar 0755 m
4. SOCIAL SECURITY NUMBER 321-09-4542	5. SEX 6. AGE (In yrs. last birthday) YRS.	IF UNDER 1 YEAR		7 DATE	OF BIRTH	909	BIRTHPLACE (State or Foreign SEAFORD, DEI
9e. FACILITY NAME (If not institution, give st	reet and number)		9b. CITY, TOW	N OR LOCATION OF D	EATH		9c. COUNTY	OF DEATH
PENINSIILA GENER	AL HOSPITAL			SALISBURY			W	ICOMICO
10a. STATE 10b. COUNTY DELAWARE SUSSI			AFORD	CATION				10d. INSIDE CITY LIMITS? 1 YES 2 NO
104. STREET AND NUMBER RT. 2 BOX 337	CONCORD I	ROAD		19973			109. CITIZEN	OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	If yes,	ECENDENT OF HISPA epecify Cuben, Mexico ES 200 NO Specific	an, Puerto F			RACE — American Indian, Black, White, etc. Specify: WHITE
(Specify only highest grade	CATION completed) College (1-4 or 5+) 2Y RS	16e. DECEDENT'S (Give kind of w life. Do NOT us SECRET.	vork done during e retired.)	TION most of working	16b.	KIND OF BUS	INESS/INDUS	NSURANCE CO.
17. FATHER'S NAME (First, Middle, Last) ELWOOD MARTIN	WHITE			18. MOTHER'S NA ETTA	MAE	COLE	WHIT	E
190. INFORMANT'S NAME (Type/Print) T. ALAN GLOVER		19b. MAILING RT . 2	BOX BOX	t and Number or Rural	FORI	DEI	AWAR	È 19973
20a. METHOD OF DISPOSITION 1 Burlel 2 Cremetton 3 Remo 4 Donation 5 Other (Specify)	eval from State	PLACEAND DATE		Name of EMETERY	2/2			or Town, State DEL. 19973
21. SIGNATURE OF SCHERAL SERVICE LIC	Gates		SFAT	AND ADORESS OF FA	TAWA	NEBA	1-997	E, INC.
IMMEDIATE CAUSE Final disease or condition resulting in death) Sequentially liet conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	Conclude OUE TO (OR AS A A CULT M	ech line.	Ti Duja		ch es cerd	lec or respir	atory arrest	Approximate interval Between Onset and Daath MIM ALLS
that initiated events resulting in deeth) LAST	DUE TO (OR AS A	CONSEQUENCE OF	7):					
PART II. Other significant conditions	contributing to death b	ut not resulting i	n the underly	ing cause given in	Part i.	24a. WAS AN / PERFORI 1 UYES 2	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	PLACE OF DEATH (C)				
27. MANNER OF DEATH	1 © Thpatient 2 ☐ ER/Outp	28b. TIMI	E OF 28c. I	ome 5 Residence		(Specify) CRIBE HOW IN	JURY OCCUR	EO
1 Matural 5 Pending 2 Accident Investigation	(Month, Day, Year)		M 1	WORK? YES 2 NO				
3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY building, etc. (Spec	— At home, lerm, s	treet, factory, of	fice	261. LOCA City of	ATION (Street er or Town, State)	nd Number or i	Bural Route Number,
	CIAN: To the bast of my know. R: On the basic of examination							suse(e) end menner ee stated.
206. SIGNATURE AND TITLE OF CERTIFIER August M.	Cum 16			29c. LICENSE NU			29d. DATE SI	GNED, (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF OE	ATH (ITEM 27) (Type,	Print)	156.3		hues	M.I	01800
31. DATE FILEO (Month, Day, Year)	22. REGISTRAR'S SIGN	ATURE ADVISOR	- UCM /	~/3. &	11136	may !	14	21001

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TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 Thours after death. P	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral	
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32. REGISTRAR'S SIGNATURE

		FOR STATE REGISTRAR		STATE OF I	MARYL					EALTH AND	MENT	AL HYGIENI REG. NO.	E		
		1. DECEDENT'S NAME (First,		M. Har	11	Tm					2. DAT	TE OF DEATH		YEAR	3. TIME OF OEATH
		4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE	in yrs. les	t birthday)	IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DAT	E OF BIRTH onth, Day, Year)		8. BIRTHI Country	PLACE (State or Foreign
1		9a. FACILITY NAME (If not in		7 -		74	ins.	Oh CITY	TOWN (OR LOCATION OF D	G G	- 4	- / /	ITY OF DE	VA
	DIRECTOR	57/ Ots	go 1	4				Ka		de S	w	۷.		erf	
	EC	10a. STATE	10b. COUNT	Y			10c. CITY	, TOWN O	R LOCAT	TION					10d. INSIDE CITY LIMITS?
		MD	Н	arford			j	Havr	e d	e Grace					1 X YES 2 NO
.	ERAL	10e. STREET AND NUMBER 571 Ot:	soro s	2+					101	21078			100	USA	HAT COUNTRY?
	FUN	11. MARITAL STATUS	segu i	12. WAS DECEDE	NT EVER II	U.S. AR	MED	13. \	MAS DEC	ENDENT OF HISPAI	NIC ORIG	GIN? (Specify Yes		14. RACE	- American Indian,
		1 Never Married 2		FORCES?			Ю			ecity Cuban, Maxica 2 XNO Specif		o Rican, atc.)		Specif	
	D BY	3 🔀 Widowed 4 🗌 Divo		WW :	Щ										Vhite
	ETE		EDENT'S EDU y higheat grade 0-12)		+)	(G	CEDENT'S I we kind of w Do NOT use	ork done o	CUPATH during mo	ON st of working	14	6b. KIND OF BUS	INESS/IND	USTRY	
aš	APL	7				(Re	et) L	abor	er			Constru	ction	ı	
once.	COMPL	17. FATHER'S NAME (First, M								18. MOTHER'S NA			Surname)		
7	BE	William M		Hall, Sr			-			Ruth					
notified	6	Mr. James		all						ond Number or Rural St., Hav					1078
pe pe		20s. METHOD OF DISPOSIT	ION		208		OF DISPOS		_	metery, crematory or			CATION —		
must		4 Donation 5 Other		IOVEI ITOM STATE	_ N			Vet	. Co	omm. Ce	m.	Gar	risor	n Fo	rest, MD
iner		21. SIGNATURE OF FUNERA	L SERVICE LA	CENSEE						ND ADDRESS OF FA				-	
or removal. medical examiner		· Wes	Zun	28		II		j	VIItc Hav	hell-Smi re de Gi	th F race	uneral , MD	Hom 2107	e, P 78-3:	. A . 197
edical		23. PART I. Enter the di ahock, or h		complications the List only one ca				ot enter	the mo	de of dying, aud	ch aa ca	ardiac or reapi	ratory arr	est,	Approximate Interval Batween
		IMMEDIATE CAUSE (Fir disease or condition	nal	note		0	1	1	1.	/	1	.00.			Onset and Daath
Mental Hygiene prior to burial, cremation, ijury, or other traumatic event, the		reaulting in death)	→				DUENCE OF		Ker	vanul	gez.	Luice	acc		
burial,	Z	Sequentially list condit	lone	b											
rior to buria traumatic	RTIFICATION	If any, leading to imme cause. Enter UNDERLY	diate	DUE TO	OR AS	CONSE	DUENCE OF	7):							
other o	빌	CAUSE (Disease or Injuthat initiated events		DUE TO	(OR AS	CONSE	DUENCE OF	7):							
al Hyd	CERI	resulting in death) LAS		d											
d Menta Injury,	1	PART II. Other significa	nt condition	na contributing to	death b	out not r	esulting i	n tha un	darlyin	g cause given in	Part I.	24a. WAS AN		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
amy	EDIC		ugh	ypino								1 TYES 2		1	COMPLETION OF CAUSE OF DEATH?
State Dept. of Health and Item 23 shows any In	ME		0										/*		1 - YES 2 - 10
23 sh	AN:														
State D	SICIA	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:			-	OTHER		LACE OF DEATH (C	heck only	one)			
or I	IYSI	1) YES 2 NO		1 Inpatient 2		patient 3		4 🗆 Nun	sing Hon		7				
marked,	ВУ РНУ	1 Natural 5	Pending Investigation	28a, DATE O (Month,	Day, Year)		28b, TIMI INJ	URY		JURY AT DRK? YES 2 NO	286.0	DESCRIBE HOW II	NJURY OC	CURED	
after d	TED	3 Suicide 8	Could not be determined	28e. PLACE building	OF INJURY I, etc. (Spe	/ — At ho	me, farm, s	treet, fact	ory, offic	•		OCATION (Street a lity or Town, State)	and Number	or Rural F	loute Number,
2 =	COMPLE	conductions)		ER: On the basis of) and manner as stated.
be filed within 72 IMPORTANT: If	O BE	296. SIGNATURE AND TITLE	16.0	alpen 1	Þ					29c. LICENSE NU	_	4	29d. DAT	E SIGNED	(Month, Day, Year)
	F	30. NAME AND ADDRESS OF		T CO	LFE	RATH (ITE	M 27) (Type,	Print)	3	71 ota	rego	List	ray,	M	2/078

DHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within X-mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bundar-transit permit. Pages filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to builal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- 1	REGISTRAR		CERTI	FICATI	E OF	DEATH	P	EG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF I	DAW.	VEAD	3. TIME OF DEATH
- 1	Tmoo	rene Rose H	lunter				Feb.	27, DAY	1992 YEAR	12:30 A. M
	4. SOCIAL SECURITY NUMBER		AGE (in yrs. lest birthday) IF UNDER	R 1 YEAR	IF UNDER 24 HRS.	7 DATE OF 6	HRTH	A DIM	THPLACE (State or Foreign
	473-24-7194	1 □ M 2 🙀 F	67 YRS.	MONTHS	DAYS 11	HOURS MIN.	(Month, Da Feb. 1	5,1925	5 Mir	
	9a. FACILITY NAME (If not institution, give s	treet and number)	-	9b. CITY	Y, TOWN C	OR LOCATION OF DE	ATH		c. COUNTY OF	
٣ ا	Westminster Nurs	sing Home			1	Westminst	cer		Carı	roll
KI	RESIDENCE OF DECEDENT									
Ĭ I	10e. STATE 10b. COUNT	Υ	10c. C	ITY, TOWN						10d. INSIDE CITY LIMITS?
吉	Maryland	Carroll			Mt	. Airy				1 YES 2 NO
ايا	10e. STREET AND NUMBER			* -	101	r. ZIP CODE		10	0g. CITIZEN OF	WHAT COUNTRY?
FUNERAL DIRECTOR	5411 Cabbage Spi	ring Road				21771			U.S	S.A.
ξĮ	11. MARITAL STATUS	12. WAS DECEDENT EV	ER IN U.S. ARMED	13.	. WAS DEC	ENDENT OF HISPAN	IC ORIGIN? (S	pecify Yea or	No.— 14. RA	CE — American Indian,
	1 Never Married 2 Married	FORCES? 1 1			If yes, sp	ecify Cuban, Mexical	n, Puerto Rica		Ble	ick, White, etc.
B	3 Widowed 4 Divorced	IF TES, GIVE WAR	OH DATES		I 🗌 TES	ZA_ NO Specify			Spe	White
	15. DECEDENT'S EDU		16a. DECEDENT	'S USUAL C	OCCUPATION	ON	16b, KIN	D OF BUSINE	ESS/INDUSTRY	
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind o	of work done use retired.)	during mo	ost of working				
2	12 yrs.	2 yrs.		L.P.	N.			Nur	sing	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First Micid	e Meiden Sur	mame)	
	John Patrick Mu	rphy				Inga I				
B	19a. INFORMANT'S NAME (Type/Print)	- 1 7	405 848111	MG ADDRES	20 (Camas -					
2	Milton F. Hunter	r	5411	Cabb	age	and Number or Aurel F Spring R	d. Mt	Air	y, Md.	21771
	20a, METHOD OF DISPOSITION		20b. PLACE OF DISP	OSITION (M	Jame of co.	matan, ammatan, at		200 1 00047	TION — City or	Town State
	1 Burial 2 Cremation 3 Ram	ioval from Stata	Mt. Oliv	re Ce	met.e	rv				., Maryland
	4 Donation 5 Other (Specify)	CENCEE	110.7011			ND ADDRESS OF FA	CII ITY			10 4
	20	77	/)			ier Fune		me		
	Charles	5 Jun	contr.			ield, Ma			84	
	23. PART I. Enter the diseases, or			not ente	r the mo	ode of dying, auc	h aa cardiac	or reapirat	tory arrest,	Approximate
	ahock, or heart fellure. iMMEDIATE CAUSE (Finel	List only one cause	on each line.	0						Interval Betwaen Onset and Death
	disease or condition	Mode	Sibolo	Tai	ACA	eatic (arin	A MILE		
- 1	reaulting in death)	a. V VI C	3 FOURT		0001	201.0	20101			-
		DUE TO (OR	AS A CONSEQUENCE	Or J.						
	_	DUE TO (OR	AS A CONSEQUENCE	Or j.						
NOI	Sequentially list conditions,	b	AS A CONSEQUENCE							
SATION	If any, leading to immediate cause. Enter UNDERLYING	b					_			
FICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	bDUE TO (OR		OF):						
RTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	bDUE TO (OR	AS A CONSEQUENCE	OF):						
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events	bDUE TO (OR	AS A CONSEQUENCE	OF):						
AL CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events	bDUE TO (OR d	AS A CONSEQUENCE	OF):	underlyin	g cause given in	Part I. 24	a. WAS AN AU		4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	bDUE TO (OR d	AS A CONSEQUENCE	OF):	underlyln	g cause given in		B. WAS AN AU PERFORME YES 2	ED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	bDUE TO (OR d	AS A CONSEQUENCE	OF):	underlyln	g cause given in		PERFORME	ED?	AVAILABLE PRIOR TO
	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	bDUE TO (OR d	AS A CONSEQUENCE	OF):	underiyin	g cause given in		PERFORME	ED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	If any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL	bDUE TO (OR d	AS A CONSEQUENCE	OF):		g cause given in	1	PERFORME	ED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initieted events resulting in death) LAST PART II. Other aignificant condition	b	AS A CONSEQUENCE AS A CONSEQUENCE ath but not resultin	OF): OF):	28. P	LACE OF DEATH (Ch	eck only one)	PERFORME YES 2	ED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	b	AS A CONSEQUENCE AS A CONSEQUENCE Woutpatient 3 □ DOA	OF): OF): OF): OF): OWHE: A No.	28. P ER: ursing Hor 28c. IN.	LACE OF DEATH (Ch	eck only one) 6 Other (S	PERFORME YES 2	ED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events reaulting in death) LAST PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	b. DUE TO (OR c. DUE TO (OR d	AS A CONSEQUENCE AS A CONSEQUENCE Woutpatient 3 □ DOA	OF): OF): OTHER	28, P ER: ursing Hor 28c. IN.	LACE OF DEATH (Ch	eck only one) 6 Other (S	PERFORME YES 2	ED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initieted events resulting in death) LAST PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	b. DUE TO (OR c. DUE TO (OR d	AS A CONSEQUENCE AS A CONSEQU	OF): OF): g in the u OTHER AND INDER M	28, P ER: ursing Hor 28c. IN. W	LACE OF DEATH (Ch	eck only one) 6 Other (S) 28d. DESCRI	PERFORME YES 2	URY OCCURED	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	b. DUE TO (OR c. DUE TO (OR d	AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE At hour resulting Woutpatient 3 DOA URY 28b. 1 Fear) LJURY — At home, farm (Specify) knowledge, death occ	OF): OF): G in the u OTHER A Nu INECOF INJURY M In, street, feel	28. PER: ursing Hor 28c. IN. W 1 □	LACE OF DEATH (Ch	eck only one) 6 Other (S) 28d. DESCRI 26f. LOCATIC City or 3	PERFORME YES 2 Decity) BE HOW INJU ON (Street and own, State)	URY OCCURED If Number or Run	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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BE COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	b. DUE TO (OR c. DUE TO (OR d	AS A CONSEQUENCE AS A CONSEQUENCE At hour not resulting At hour not resulting At hour at home, farm (Specify) At home, farm (Specify) DF DEATHTEM 27 (1)	OF): OF): OF): G in the u OWHE A Nu IME OF INJURY M In, street, feel ation, in my	28. PER: ursing Hor 28c. IN W 1	LACE OF DEATH (Ch. me 5 Residence JURY AT ORK? YES 2 NO ce a and place, and dua death occured at the	eck only one) 6 Other (S) 28d. DESCRI 26f. LOCATIC City or 3	PERFORME YES 2 Decity) BE HOW INJU ON (Street and own, State) a) and manne d place, and d	URY OCCURED If Number or Run or as stated. due to the cause	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO BI Route Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initieted events resulting in death) LAST PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR C. DUE TO (OR d	AS A CONSEQUENCE AS A CONSEQUENCE At hour not resulting Word 28b. 1 Word 28b. 1 Word At home, farm (Specify) For DEATH INVESTIGATION AND AND AND AND AND AND AND AND AND AN	OF): OF): OF): G In the u OVALE 4 Nu (IME OF NJURY M In, street, fed	28. PER: ursing Hor 28c. IN W 1	LACE OF DEATH (Ch. me 5 Residence JURY AT ORK? YES 2 NO ce a and place, and dua death occured at the	eck only one) 6 Other (S) 28d. DESCRI 26f. LOCATIC City or 3	PERFORME YES 2 Decity) BE HOW INJU ON (Street and own, State) a) and manne d place, and d	URY OCCURED I Number or Rura or as stated. due to the cause	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO BI Route Number,

R DESKRIPTION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTME			MENTAL	HYGIENE REG. NO.						
1. DECEDENT'S NAME (First, Middle, LI	Louise /	HORTON			2. DATE C	F DEATH DAY	92	3. TIME OF DEATH				
4. SOCIAL SECURITY NUMBER 215-76-8635	1 □ M 2 ⊠ F	83 vrs. MONT		IF UNDER 24 HRS. HOURS MIN.	7. DATE O (Month, Feb.	F BIRTH Day, Year) 10,19(1 (BIRTHPLACE (State or Foreign Country) aryland				
9a. FACILITY NAME (# not institution, g Frederick Memor	ial Hospital	erick	ATH		Fre	derick						
100. STATE 100. CON		10c. CITY, TO	own or location Mt. Airy				10d. INSIDE LIMITS?					
14306 Harrisvil	le Road		101. ZIP CODE 21771				10g. CITIZEN OF WHAT COUNTRY? U.S.A.					
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 ☐ YES 2 ☐ NO Specify:									
15. DECEDENT'S (Specify only highest of Elementary/Secondary (0-12) 4 yrs. 17. FATHER'S NAME (First, Middle, Last	College (1-4 or 5+) None	completed) College (1-4 or 5+) None (Give kind of work done during most life. Do NOT use retired.) Housewife					PATION 16b. KIND OF BUSINESS/INDUSTRY 16 MOTHER'S NAME (First, Middle, Malden Sumame)					
Basil Cashour 19a. INFORMANT'S NAME (Type/Print)			Charlo	Route Numbe	er, City or Town							
David L. Horton 14306 Harrisville Road Mt. Airy, Mar 200, METHOD OF DISPOSITION (Name of cemetary, crematory as other place) Date 20c. Location - City								-				
22. NAME AND ADDRESS OF FACILITY Burrier Funeral Home Winfield, Maryland 21784 23. PART I. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cardiac or respiratory arrest,								Maryland				
	s. Due to (or as a such to the			Approximata interval Batwee Onset and Das								
PART II. Other significant cond	PART ii. Other significant conditions contributing to death but not resulting in the un					24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
25. WAS CASE REFERRED TO MEDICA	HOSPITAL:	ОТ	26. PL	ACE OF DEATH (Ch	eck only on)						
1 U YES 2 NO 27. MANNER OF DEATH	Inpatient 2 ☐ ER/Outs	patient 3 DOA 4 DOA 4 DOA 18 D	28c. INJ	5 Residence JRY AT RK?		(Specify) CRIBE HOW IF	JURY OCCUP	RED				
3 Suicide 8 Could no	triural 5 Pending cident Investigation sicide 8 Could not ba 28e. PLACE OF INJURY — At home, farm, str building, etc. (Specify)				28f. LOCA	ATION (Street a	nd Number or	Rural Route Number,				
(Critical Grin)	HYSICIAN: To the best of my know MINER: On the basic of examination											
286. SEGNATURE AND TIME OF PER	Karfman	mo		296. LICENSE NUI D13971			29d. DATE SIGNED (Mough, Day, Hear)					
Robert I. Kai 31. DATE FILED (Month, Day, Year) FFR 2 6 '92		300 West	7	St., Fr	eder	ick,	Md.	21701				

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the I	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detabled within 72 hours after death with the State Debt, of Health and Mental Hydiene Drick to burial, cremation, or removal	INDOCTANT: If How 29 is marked as How 20 shave and Inlies as other featureds asset the market and the said of
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		FOR	STATE OF M	IARYLAND /	DEPAR	RTMENT O	F HEAITI	H AND I	MENTAL	HVCIEN) Z	. 0	0440
Γ		1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)			RTIF	ICATE (F DEA		2. DATE O	REG. NO] 3	TIME OF DEATH
		CORA	V		1-	HCD.	NO		MONTH DAY			YEAR	1.06am.
		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. less	t birthday)	IF UNDER 1 YE	AR IF UND	ER 24 HRS.	7. DATE OF	BIRTH	-	8. BIRTHPL	ACE (State or Foreign
		578-34-0002	1 🗌 M 2 🔯 F	77	YRS.	MONTHS DA	/S HOURS	MIN.		3,19	14	Virgi	
		9a. FACILITY NAME (If not institution, give s	treet and number)			96. CITY, TO	VN OR LOCA	TION OF DE		3,17	_	NTY OF DEA	
	TOR	Washington Count	y Hospit	al		Ha	gerst	own			Wa	shing	ton
	DIRECTOR	10a. STATE 10b. COUNTY Maryland Wash	ington Hagerstown									Dd. INSIDE CITY	
		10e. STREET AND NUMBER	Tugton			agerst	10f. ZIP CO	DE	10g. CITIZEN OF V				YES 2 X NO
	FUNERAL	12021 P 151	CI.	D 1							10g, CITI.		
	ž	13831 Broadfordi	12. WAS DECEDENT		MED	10 1110		1740			1	USA	
	BY	1 Never Married 2 Married 3 XWidowed 4 Divorced		YES 2 N					can, Puarto Rican, etc.) Blac city: Spec				American Indian, Yhita, atc.
		15. DECEDENT'S EDUC		16a. DE0	CEDENT'S	USUAL OCCUP	ATION		16b K	IND OF BU	SINESS/IND		Le
	H	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+	life	ve kind of a Do NOT us	work done during se retired.)	most of work	dng			O		
	릴	12	0	'	cred	lit and	rec.			reta	il sa	les	
at once	COMPLET						THER'S NA	retail sales IAME (First, Middle, Maiden Surname)					
- B	BEC								le Pearl Weaver				
		INCOMMANDE NAME OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OW											
	196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Laurence J. Higdon 13831 Broadfording Rd., Hagerstown, Maryland 21										land 21740		
must be		20a, METHOD OF DISPOSITION		20b. PLACE A	ND DATE	OF DISPOSITION	(Name of		OATE	-		City or Town	
		1 Buriel 2 Cremation 3 Remo	oval from State	cemetery, crer	Line	coln Ce	meter	v	3-3				Maryland
examiner		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	-		22. NAM	AND ADDR	ESS OF FAC					
E		STATISO	MA	mn,	1		NICH						
		23. PART I. Enter the disease or o	complications that	Coursed the day	uh Do								Md. 21740
medical		23. PART I. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, encounter the mode of dying, such as cardiac or respiratory arrest. Approximate interval Between											
nt, the r		iMMEDIATE CAUSE (Finel disease or condition resulting in death) a. CONCESTIVIZ HEARTARLURE.									Onset and Death		
		OUE TO (OR AS A CONSEQUENCE OF):											
all a	N N	Sequentially list conditions, To HTHEROSCLEROTIC CARDIO VASCULAR DISEASE.											
	CERTIFICATION	If any, leading to immediate OUE TO (OR AS A CONSEQUENCE OF):											
10	2	CAUSE (Disease or Injury CAUSE (Disease or Injury Due TO (OF AS A CONSEQUENCE OF): Due TO (OF AS A CONSEQUENCE OF):											
9	Ē	that initiated eventa resulting in deeth) LAST	DUE 10 (UH AS A CONSEQ	UENCE OI	ጉ :							
0 %			1										
5	_ 1	PART II. Other algnificent conditions	s contributing to	deeth but not re	euiting	n the underl	ring ceuse	given in !	Pert I. 2	Ia. WAS AN	AUTOPSY	24b. WE	FRE AUTOPSY FINDINGS
	MEDICAL									PERFOR			AILABLE PRIOR TO IMPLETION OF CAUSE
									_ '	YES 2	□ NO		DEATH?
									-			1	YES 2 NO
57 E	Z	25. WAS CASE REFERRED TO MEDICAL				26	PLACE OF I	DEATH (Che	ck only one)				
	SIC	EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	DOA	OTHER:							
0 2	PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF I	NJURY	28b. TIM	4 Nursing I	INJURY AT	sealdence	28d. DESCR		WILLIBA OCC	TIRED	
in a		1 Natural 5 Pending	(Month, Da	y, Year)	INJ	URY	WORK?	NO	101.0100			ONED	
	BÁ	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF	INJURY — At hon	ne, farm, s				28f. LOCATI	ON (Street o	and Number	or Rural Rout	n Mumber
9	EIED	4 Homicide determined	bullding, a	rtc. (Specify)					City or	lown, State)	ind realizer	or rioral riods	e tramos,
	4	29a. CERTIFIER 1 CERTIFYING PHYSIC	MAN. To the head	Land Control									
	COMPL	(Check only one) 2 MEDICAL EXAMINER	CIAN: To the bast of r	ny Knowledge, des	th occurre	of at the time, o	ate and place	a, and due t	to the cause	(a) and man	mer as atate	rd.	
2	3	2 MEDICAL EXAMINER		manon and/of In	-	11/2/11		ired at the t	ime, date an	d place, and	d due to the	cause(a) an	d menner as stated,
2 2	u u	296. SIGNATURE AND TITLE OF CERTIFIER	6.1	NAgo	2	740	29c. LIC	ENSE NUM	- 4	-	29d. DATE	SIGNED (M	onth, Day, Year)
F 1	2	30 NAME AND ADDRESS OF REPORTING	/ Jah	05.05.5				48	3 65		10	0107	a.
1.		30. NAME AND ADDRESS OF PERSON WHO	COMPLETEU CAUSI	UP DEATH (ITEM	27) (Type,	Print)							

32. REGISTRAR'S SIGNATURE

MAR 03 1992

and the sales

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TO BE

SMITH S. HO

FEB 24 92

	FOR 1 . STATE	STATE OF MARYLA	ND / DEPART	MENT OF H	EALTH AND	MENTAL HY	GIENE	06449		
	1. DECEDENT'S NAME (First, Middle, Last) JUAN'TA 4. SOCIAL SECURITY NUMBER		HOLLINGS	WORTH WORTH FUNDER: YEAR	F UNDER 24 HRS.	2. DATE OF DE MONTH 2 7. DATE OF BIR	20-9	YEAR 0930 B. BIRTHPLACE (State or Foreign		
a	9a. FACILITY NAME (If not institution, give street	of and number)	7 YRS.	9b. CITY, TOWN OF	HOURS MIN.	OCT. 2	2, 1894	VIRGINIA VOF DEATH		
DIRECTOR	WASHINGTON ADVENT PESIDENCE OF DECEDENT 10s. STATE 10s. COUNTY N/A N/A	TIST HOSPIT	10c. CITY,	TAKOMA TOWN OR LOCATE SHINGTON	ON		MOI	NTGOMERY 10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	100. STREET AND NUMBER 1825 SHEPHERD S	1825 SHEPHERD STREET, N.W.				10f. ZIP CODE 10 2001 1				
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced 15. DECEDENT'S EDUCAT	2 Married FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES				13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No— If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify: Specify:				
COMPLETED	(Specify only highest grade co.	Ton mpleted) College (1-4 or 5 +)	SUAL OCCUPATION rk done during most retired.)	16b. KIND (OF BUSINESS/INDUS	STRY				
BE	17. FATHER'S NAME (First, Middle, Lest) JOHN K. MARL 19a. INFORMANT'S NAME (Type/Print)	ODRESS (Street and	18. MOTNER'S NAME (First, Middle, Maiden Surname) ELIZABETH MARLOW DRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)							
ТО	TREVA IAGER (DAUGHTER) 7303 GLENSIDE DRIVE, TAKOMA PARK 20c. METHOD OF DISPOSITION 1 Burfal 2 Cremulation 3 Removed from State Committee, crematory or other place) PROSPECT HILL CEMETERY 2/22 FROM						PARK, MAR	RYLAND 20912 by or Town, Stata		
	28 PART L Enter the discharge or con-	milestons that course	the death De and	FRANCI 500 UN	S J. CO IVERSIT	LLINS FU Y BLVD	NERAL HO	OME, INC.		
4	shock, or heart failure. Lia IMMEDIATE CAUSE (Final disease or condition resulting in death)	Only one cause on and	, S	AP O	PD	on as derotac of	raspiratory arres	t, Approximate Interval Between Onset and Daath		
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury c.									
CE	that initiated avants resulting in death) LAST	DUE TO (OR AS A C								
MEDICAL	PART II. Other significant conditions of	ontributing to dastn but	not resulting in	the underlying	causa given in	PE	AS AN AUTOPSY ERFORMED? ES 2 (NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN:	1 YES 2 NO	OSPITAL:		THER:	CE OF DEATN (Ch	eck only one) 6 Other (Specify	0			
D BY	27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	ER OF DEATN 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY WORK? M 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO					Treet and Number or			
COMPLETE		N: To the best of my knowled	ige, death occurred a				d manner as stated.			
O BE CC	DESCRIPTION OF CERTIFIERS MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and manner as state and title of Certifiers 29c. LICENSE NUMBER 29d. DATE SIGNED (Mogrit, Day, Year)									

7610 CARROLL AVENUE #280
32. REGISTRIAN SCIONATURE

COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

TAKOMA PARK, MARYLAND 20912

Story Wall

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	岩	岩	filed	5
	# TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

06450 92-0952-031 | tems 23 part I,27,28a,b,c,d,e,f per MEO re
FOR STATE G-685 3/18/STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

	REGISTRAN				ICATE	OI.	DEA		REG. N	J.		
	1. DECEDENT'S NAME (First, Middle, Lest) SCOTT	JOSEPH			HAR	WEL	L			8 1	992	3. TIME OF DEATH 4:05 P.M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le	st birthday)	IF UNDER 1		IF UNDER	24 HRS.	7. DATE OF BIRTH		8. BIRTH	PLACE (State or Foreign
	219-92-5327	1 XM 2 - F	28	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year)	1963	Country	ryland
	9a. FACILITY NAME (If not institution, give atreet end number)				9b. CITY, 1	Aug. 20, 1963 Ma						
DIRECTOR	19908 WATERLOO	COURT			GERMANTOWN MONTGON							
S	10a. STATE 10b. COUNT	Υ	10c, CIT	ITY, TOWN OR LOCATION 10d					10d. INSIDE CITY			
		tgomery		G	Germantown						LIMITS?	
FUNERAL	100. STREET AND NUMBER 19908 Waterloo Co						ZIP CODE					/HAT COUNTRY?
Z I	11. MARITAL STATUS	12. WAS DECEDEN	T EVED IN HE A	DATED	40.111	_		-1014	ORIGIN? (Specify Y	States		
	1 X Never Married 2 Married		XYES 2		11	yes, spe	cify Cuba	n, Mexican,	Puarlo Rican, etc.)	17 (Specify Yes or No— 14. RACE — American Indian Black, Whita, atc.		
ВУ	3 Widowed 4 Divorced		10	_ YES	2 📉 NO	Specify:			Specif	White		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)			EDENT'S USUAL OCCUPATION Is kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY							
9	Elementary/Secondary (0-12)	College (1-4 or 5	+)	e. Do NOT us	NOT use retired.)							
MP	12		Con	ipute	er Da	ta	Tec	hnic	lan	Comp	pute	r
Ö	17. FATHER'S NAME (First, Middle, Last)						16. MOTH	IER'S NAME	(First, Middle, Maide	n Sumama)		
BE (Billy Ray Harwel	1					N.	ancv	Lee Offu	tt		
	19a. INFORMANT'S NAME (Type/Print)	1	Db. MAILING	ADDRESS (Street a			ite Number, City or To		(p Code)		
2	Kevin D. Harwell								Germanto			20874- and 1014
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Ram 4 Donation 6 Other (Specify)	ioval from Stata	20b. PLACE cometery, co Montg	AND DATE (OF DISPOSIT	ION (Na	me of	2/2	21/921	OCATION -		- V
	21. SIGNATURE OF FUNERAL SERVICE LI	CENCEE	MOA38		Cren	iato	rium	, Inc	. Bet	nesda	a, Ma	ryland
	Barbara Jo Mo	ence	Ro. Ro.	ber	t A.	Pump Inc	hrey Fun 300 W ile, Mar	eral est M	Home	omery		
	23. PART i. Enter the diseasen/or	complications the	t caused the d	eeth. Do r	not enter th	he mo	de of dvi	ng, auch	na cerdiac or rea	piratory ar	reat.	Approximate
	shock, or heert failure. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	Narco	ise on each iin	е.								interval Between Onset and Death
	DUE TO (OR AS A CONSEQUENCE OF):											
8	Sequentially list conditions,											
EA	If any, leading to immediate cause. Enter UNDERLYING											
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSE	OUENCE O	ENCE OF):							
8		d										
	PART ii. Other aignificent condition	s contributing to	deeth but not	reculting i	n the und	erlying	ceuse g	iven in Pa		N AUTOPSY	24b.	WERE AUTOPSY FINDINGS
EDICAL										RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
									- 13 YES	2 NO		OF DEATH?
Σ									-		-	1 TES 2 NO
A I	25. WAS CASE REFERRED TO MEDICAL											
ᅙ	EXAMINER?	HOSPITAL:			OTHER:	28. PL	ACE OF DI	EATH (Check	anly one)			
₹S	1X YES 2 NO	1 Inpetiant 2							Other (Specify)			
Y PHYSICIAN: M	27. MANNER OF DEATH 1 Netural 5 Pending	28a, DATE OF (Month, D		Ukn	URY	8c. INJU WOI	JRY AT RK? ES 2		sd. DESCRIBE HOW Subject			ed drugs
E E	2 Accident Investigation	28a. PLACE O	F INJURY — AI h			y, office			81. LOCATION (Street			
	3 Suicide 6 Could not be datermined	Unkn	arc. (Specny)			,,			City or Town, State Unknown	9)	OF FILE BY	oute Number,
ון ק	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of	my knowledge, d	eath occum	ed at the tim	o deto	and place	and due to	the sounds) and m		and .	
281. LOCATION (Street and Location of the Duilding, atc. (Specify) Unknown 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the ilme, data and place, and due to the cause(s) and menner one)									and manner as stated.			
	290 SIGNATURE AND TITLE OF CERTIFIE	M. Of	1			T	29c. LICE	NSE NUMBE	ER	29d. DAT	E SIGNED	(Month, Day, Year)
TO BE	Junt.	Goll	-7	No				С.М.Н				-1992
	30. NAME AND ADDRESS OF PERSON WH	COMPLETED CAUS	SE OF DEATH (THE			C T	ם בים ס	ד א כן יו	ттморг	MAD	VT A N	D 21201
	31. DATE FILED (Month. Day. Year)	32 RECUSTRA	BIS BIGNATION		EIAIA	21	KEE	DAI	TIMORE	MAK	ILAN	D 21201
	31. DATE FILED (MONTH, Day, 1687) FEB 24 92	Jana da	RE SIGNAT	dell.								

O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Zerviours after death. Page 6 may be retained by the loopital or attending physician. TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within tembors after of TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the form within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, o

	st, Middle, Last)		0.		ICATE O	DEA		REG. NO).		3. TIME OF DEATH	
Glenn Trussell Harrell, Sr.								MONTH February	20 1	YEAR 992	10:30 P.M	
4. SOCIAL SECURITY NUI		5. SEX						7. DATE OF BIRTH	1		IPLACE (State or Foreign	
220-34-406	1	1XXM 2 F	76	YRS.	MONTHS DAYS		24794	(Month, Day, Year) Oct. 21,	1915	Count	w Lifornia	
9a. FACILITY NAME (If not		tmet and number			9b. CITY, TOWN	OR LOCATI				NTY OF D		
403 Carl S						Rockvi			1		gomery	
RESIDENCE OF DE				_		COCKVI				11011	zgomer y	
10e. STATE	10b. COUNT	1		10c. CIT	Y, TOWN OR LOC	ATION			10d. INSIDE CITY LIMITS?			
Maryland	Mo	ntgomery	•		Rockvi			1 X YES 2 NO				
10e. STREET AND NUMBE	R				10f. ZIP CODE 10g.					CITIZEN OF WHAT COUNTRY?		
403 Ca	rl Stre	et				2085	1		Uni	ted	States	
11. MARITAL STATUS			T EVER IN U.S. AI							E — American Indian, k, White, etc.		
1 Never Married 2			MAR OR DATES	NO	If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 ☐ YES 2 ☐ NO Specify: Specify:					ffy:		
3 Widowed 4 D	3 Widowed 4 Divorced WW II						-				White	
	CEDENT'S EDU		(6	the kind of	USUAL OCCUPA	TION most of workli	107	16b, KIND OF B	USINESS/INC	DUSTRY		
Elementary/Secondary (0-12) College (1-4 or 5+)					se retired.)			J				
12 Au					or			Distri	ct Go	veri	nment	
17. FATHER'S NAME (First,						18. MOTHER'S NAME (First, Middle, Maiden Sur						
Newman Trussell Harrell Ruth E. Thorpe												
19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Martha K. Harrell 403 Carl Street, Rockville, Maryland 208								0851				
20a. METHOD OF DISPOS 1 DiBurial 2 Crema		ovel from State	other p	fece)	SITION (Name of				OCATION —			
4 Donation 5 Ott			Mary	land	Vetera			-			Maryland	
21. SIGNATURE OF FUNERAL SERVICE LICENSEE ROBERT A. Pumphrey Funeral Home/Rockville, 300 West Montgomery Avenue Rockville, Maryland 20850-2805 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate												
	heart fallure.	List only one ca		of	lu	node of dy	ing, such	as cardiac or ree	piratory an	rest,	Approximate interval Between Onaet and Death	
Sequentially list conditions, if erry, laeding to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST												
Tesurang in death) L	cant condition	ne contributina to	death but not	resulting	In the underly	ing cause	given In I	Part I. 24s, WAS A	N AUTOPSY	241	b. WERE AUTOPSY FINDINGS	
	PART II. Other eignificant conditions contributing to death but not resulting in the s							DEDE:	DRMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
PART II. Other eignif		ulmonary	D.M. CHD Pulmonary Fibrosis Rheumatoid arthritis, anemia						_ 1 ☐ YES 2 🖾 NO COMPLETION OF CA			
PART II. Other eigniff	CHD P							1 □ YES	2 🖾 NO			
PART II. Other eigniff	CHD P							1 YES	2 🔁 NO		1 YES 2 NO	
PART II. Other eigniff D.M. Rheuma	CHD P								2 (X NO			
PART II. Other eigniff D.M. Rheuma 25. WAS CASE REFERRED EXAMINER?	CHD P	rthritis	, anemia		26. OTHER:	PLACE OF I	DEATH (Che		2 💢 NO			
PART II. Other eigniff D.M. Rheuma 25. WAS CASE REFERRED EXAMINER? 1 YES 2 XNO	CHD P	HOSPITAL:	, anemia	3 DOA	OTHER: 4 Nursing H	ome 5 X R		ock only one) 5 Other (Specify)				
PART II. Other eigniff D.M. Rheuma 25. WAS CASE REFERREC EXAMINER? 1 YES 2 XNO 27. MANNER OF DEATH 1 XX Netural 5	CHD Proid a:	HOSPITAL: 1 Inpetient 2	, anemia	3 DOA 28b. Til	OTHER: 4 Nursing H ME OF 28c. JURY		esidence	ock only one)		CURED		
PART II. Other eigniff D.M. Rheuma 25. WAS CASE REFERREC EXAMINER? 1 YES 2 XNO 27. MANNER OF DEATH 1XXNetural 5 (CHD P	HOSPITAL: 1 Inpetient 2 28a. DATE 0 (Month,	, anemia	3 DOA	OTHER: 4 Nursing H ME OF 28c. JURY 1	ome 5 🔀 R INJURY AT WORK? YES 2 [esidence	ock only one) 5 Other (Specify)	I INJURY OC		1 YES 2 NO	
PART II. Other eigniff D.M. Rheuma 25. Was case referred examiner? 1 YES 2 XNO 27. MANNER OF DEATH 1XX hetural 5 2 Accident 3 Suicide 6 4 Homicide	CHD P toid a. TO MEDICAL Pending investigation Could not be datermined	HOSPITAL: 1 Inpetient 2 28e. DATE O (Month, 28e. PLACE building	eR/Outpetient FINJURY Dey, Year) OF INJURY — At h., etc. (Specify)	3 DOA 28b. Till IN	OTHER: 4 Nursing H ME OF 28c. JUHY M 1 [street, factory, or	ome 5 M R INJURY AT WORK? YES 2 [Wice	NO NO	28d, DESCRIBE HOW 26f, LOCATION (Street, City or Town, State)	/ INJURY OC at and Number tenner as sta	r or Rural	1 YES 2 NO	

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th the State Dept. of Health and Mental Hygiene prior to burial, cremation, or rem	d, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
#	P

FEB 21 92

	FOR STATE OF N	MARYLAND / D	NEDARTME	NT OF H	CAITH AND	MACHTAL UV		16	86452		
	1 - STATE REGISTRAR 1. DECEDENT'S NAME (F) MINISTRALE OF IN	HO	RTIFICAT	E OF	DEATH		G. NO.	X 25 3	TIME OF DEATH		
	4. SOCIAL SECURITY NUMB 5. SEX 1 M 2 X F	1 09			IF UNDER 24 HRS. HOURIE MIN.	7. DATE OF BIF (Month, Day, OCT 2	Year)	Country)	ACE (State or Foreign		
TOR	99. FACILITY NAME (If not institution, give street end number) NATIONAL LUTHERAN H FRESIDENCE OF DECEDENT	OME	9b. CIT		KVILLE	EATH	9c, COUN	ITY OF DEA			
- DIRECTOR			10c. CITY, TOWN		on RSBURG				Od. INSIDE CITY LIMITS?		
FUNERAL	15460 - PEACH LEAF				ZIP CODE		U	J.S.A	AT COUNTRY?		
BY	1 Never Married 2 Married FORCES? 1	1 Never Married 2 Married FORCES? 1 YES 2 XNO					city Yes or No— etc.)	r No — 14. RACE — American Indian, Black, White, etc. Specify: WHITE			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+		during most of working								
COM	17. FATHER'S NAME (First, Middle, List)		IOMEMAP		18. MOTHER'S NA	ME (First, Middle,		-			
8	ALFRED SUTCLIFFE REBECCA GROVE 198. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)										
5	MR. FRANK HOCKER		ESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) EACH LEAF DR., GAITHERSBURG, MD. 2087								
	20a. METHOD OF DISPOSITION Comparison March Marc	D DATE OF DISPO	OSITION /Nem		DATE	20c. LOCATION — C	aty or Town,	, State			
	21. SIGNATURE OF FUNERAL SERVICE LEGISLES			2. NAME AND HYS	ONG CO	O., INC.					
	23. PART I. Enter the diseases, or con plication the caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart failure. Lift only one dayse on each line. Approximate interval Between Onset and Death Due To (or As A CONSEQUENCE OF):										
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events Dementia Dementia Due to (or as a consequence of): Hy pertension Due to for as a consequence of):									
O	PART ii. Other algnificant conditions contributing to d	Jeath but not rear	ulting in the u	anderlying (ceuse given in	P	MAS AN AUTOPSY PERFORMED? YES 2X NO	AM CO	ERE AUTOPSY FINDINGS AILABLE PRIOR TO OMPLETION OF CAUSE T DEATH?		
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL							1 (YES 2 NO		
SIC	EXAMINER? HOSPITAL:	ER/Outpatient 3 🗆	DOA 4 1 Nu	ER:	CE OF DEATH (Che		n/v)				
BY PH	27. MANNER OF DEATH 1 📉 Natural 5 Pending 2 Accident Investigation	NJURY y, Year)	28b. TIME OF INJURY M	28c. INJUR WORK	RY AT		HOW INJURY OCCU	IRED			
	3 Suicide 8 Could not be determined 28e. PLACE OF building, a	FINJURY — At home, etc. (Specify)	, form, street, fac	ctory, office		28f. LOCATION (City or Town,	(Street and Number o	r Rural Route	Number,		
COMPLET	29e. CERTIFIER (Check only one) 1 X CERTIFYING PHYSICIAN: To the best of n MEDICAL EXAMINER: On the best of exe	ny knowledge, death emination end/or invi	occurred at the	time, date ar	nd place, end due ith occured at the	to the cause(e) er	nd manner as stated	i. cause(e) en	d menner ee stated.		
O BE	296. SIGNATURE AND THILE OF CERTIFIER				D331				onth, Day, Year)		
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	Genm	17) (Typo, Print) 1 OM TOW	un, M	DID	anjel	A-Jal	ler.	MD		
	31. DATE FILED (Month, Day year)	SEIGHT CO	Side .					- 17			

02 03452

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	10 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It flem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF H	EALTH AND ME	ENTAL HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last) Patricia	s.	Hemingway			DATE OF DEATH	1992	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 215-26-0006	1 ☐ M 2 [XF		IF UNDER 1 YEAR	MOURE AM	COATE OF BIRTH (Month, Day, Year) Feb. 24, 1915	a. BIRTH Country Okla	PLACE (State or Foreign
9a. FACILITY NAME (II not institution, give s 2406 Darrow Str		5	Wheat	OR LOCATION OF DEATH		UNTY OF D	
10e. STATE 10b. COUNT	Montgomery		TOWN OR LOCAT				10d. INSIDE CITY LIMITS?
100. STREET AND NUMBER 4410 Garrets				. ZIP CODE	10g. C		N⊠ YES 2 ☐ NO "HAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 XNO	II yea, spi	ENDENT OF HISPANIC of the Cuban, Maxican, P 2 NO Specify:	ORIGIN? (Specify Yes or No— Puarto Rican, etc.)	Black	- American Indian, , Whita, alc.
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 1 1 2	College (1-4 or 5+)	Me. Do NOT use r	k done during mo: etired.)	st of working	16b. KIND OF BUSINESS/II		
17. FATHER'S NAME (First, Middle, Last) Steve Doug	l year	Carto	graphe	18. MOTHER'S NAME	Army Map S (First, Middle, Maiden Sumame)	7	е
19a. INFORMANT'S NAME (Type/Print) Jacob Hemingway	tas Biled			nd Number or Rural Rout	thel Robinso Wumber, City or Town, State, 2	Zip Code)	
20s. METHOD OF DISPOSITION 1.A. Burtel 2 Cremation 3 Remo	oval from State 20b.	PLACE AND DATE OF I	DISPOSITION (No.	me of	er Spring, M	- City or Tox	vn, Stata
4 Donation 5 Other (Specify)	Ell Les	Parklawn	22. NAME AN Hines	Rinaldi			
23. PART I. Entar the diseases, or o shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions,	DUE TO (OR AS A	TATIC CONSEQUENCE OF):	enter tha mod	de of dying, such as	cardiac or reapiratory a	rrest,	Approximata Interval Between Onset and Death
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST		CONSEQUENCE OF):					
PART II. Other significant condition:	contributing to death bu	ut not resulting in t	the underlying	ceuse given in Par	t I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpa		26. PL/ THER:	ACE OF DEATH (Check of			
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJU WOF	RY AT 280	d. OEŞCRIBE HOW INJURY O	CCURED	
3 Suicide 8 Could not be 4 Homicide detarmined	28a. PLACE OF INJURY building, alc. (Special	At home, larm, streety)	el, lactory, offica	281	LOCATION (Street and Number City or Town, State)	er or Rural Ro	ute Number,
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC DESCRIPTION OF THE PHYSIC DESCRIPTION OF TH	CIAN: To the best of my knowle t: On the bests of examination	edge, death occurred a and/or investigation, i	it the lime, data a	and place, and due to It	he cause(a) and manner as sto , data and place, and due to t	nted. the cause(a)	and menner as stated.
296. IDHATUH AND TITLE OF CERTIFIER WO 4 - 0 30 MAME AND ADDRESS OF PERSON WHO	Browns	w		29 LICENSE NUMBER			Month, Day, Year)
31. DATE FILED (Month, Day, Year)	2/REGISTRARIS SIGNA	TH (ITEM 27) (Type, Pri	308 PH	YSCCIANS	LANE ROCK	VIUE	and 20810
FFR 20 92	the Day de	Contract of			,		

Sept. St. March 18

3. TIME OF DEATH

WASHINGTON, D.C

10d. INSIDE CITY

1 X YES 2 NO

8. BIRTHPLACE (State or Foreign

12128A ..

YEAR

9c. COUNTY OF DEATH

MONTGOMERY

10g. CITIZEN OF WHAT COUNTRY?

U.S.A.

92

10a. STATE

MARYLAND

11. MARITAL STATUS

10e. STREET AND NUMBER

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

RESIDENCE OF DECEDENT

6121 MONTROSE ROAD

578-18-0391

MAURICE

9a. FACILITY NAME (If not institution, give street and number)

8. SEX

HEBREW HOME OF GREATER WASHINGTON

MONTGOMERY

10b. COUNTY

1 X M 2 - F

IF UNDER 1 YEAR

10c. CITY, TOWN OR LOCATION

ROCKVILLE

IF UNDER 24 HRS.

9b. CITY, TOWN OR LOCATION OF DEATH

10f. ZIP COOE

20852

ROCKVILLE

6. AGE (In vrs. last birthday)

YRS.

80

2. DATE OF DEATH MONTH

25 7. DATE OF BIRTH (Month, Day, Year) 6/25/1911

DIRECTOR

P.O. BOX 13146, attending physician DIVISION OF VITAL RECORDS, that signed peen 3W 1 HOSPITAL OR ATTENDING PHYSICIAN: " FUNERAL DIRECTOR; After this certifical within 72 hours after death with the Sta

FUNERAL 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yes, specify Cuban, Maxican, Puerto Rican, atc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 X Married 1 YES 2 NO Specify: Specify: BY 3 Widowed 4 Divorced WHITE COMPLETED 16a. OECEOENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Spe Elementary/Secondary (0-12) College (1-4 or 8+) 4 ACCOUNTANT PRIVATE PRACTICE once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) notified at FRANK HOLTZMAN BE DORA ROSENBERG 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 EVELYN HOLTZMAN (WIFE) 8201 16TH ST., #508, SILVER SPRING, MARYLAND 20910 9 200 METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State must 1 X Burtal 2 Offermation 3 0 4 Donation 9 Offer (Specify) ELESAVETGRAD CEMETERY WASHINGTON, D.C. 21. SIGNATURE OF FUNERAL SERVICE-CICENNEE examiner 22. NAME AND ADDRESS OF FACILITY DANZANSKY-GOLDBERG MEMORIAL CHAPELS, INC. Jakes 1170 ROCKVILLE PIKE, ROCKVILLE, MD 23. PART I. Inter the disease, or complications that caused the deeth. Do not anter the mode of dying, such as cerdiac or respiratory arrest, shock, or heat failure. List Dniy one cause on each line. traumatic event, the medical interval Between 0 Onset and Death IMMEDIATE CAUSE (Final cremation, disesse or condition resulting in death) SEPSIS DUE TO (OR AS A CONSEQUENCE OF): in and comp CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST Injury, or the atter PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? by t CONGESTIVE HEART amy Health a 1 | YES 2 | 110 shows a PENAL CALPONIC 1 | YES 2 | NO 6 DEMENTIA. certificate has been the State Dept. of, or Item 23 sl PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) OTHER:
4 Nursing Home 8 Residence 8 Other (Specify) 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Netural 5 Pending 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — At home, ferm, street, factory, offica building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 69 8 Could not be COMPLETED 28 4 Homicide Item 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the causa(s) and manner as stated. * 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNEO (Month, Day, Year) BE 1131 9 MO 36552 Terlinan 2 PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 6121 MONTROLE RD. POCKVILLE MD 2088 ANKAI 31. DATE FILED (Month, Day, Year)
FFB 19 92 22. AEGISTEAT SIGNATED

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Inversi	2 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notilied at on
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IMPORTANT:

	1 - FOR STATE REGISTRAR	STATE OF MAI	RYLAND / DEPAR CERTIF	TMENT	OF H	EALTH DEAT	AND I	MENTA	L HYGIE		92	0645		
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE	OF DEATH	DAY	YEAR	3. TIME OF DEATH		
	4, SOCIAL SECURITY NUMBER		H. Hott	_						15,19		5:00 a		
	045 22 1424	1 🗆 M 2 🕇 F	AGE (In yrs. lest birthday) 63 YRS.	IF UNDER	DAYS	HOURS	MIN.	Féb!	of BIRTH	_	Vir	ginia		
CTOR	RESIDENCE OF DECEDENT	Shady Grove Adventist Hospital Rockvill												
FUNERAL DIRECTOR		Montgomery		Y, TOWN C	R LOCAT		mant	own				10d. INSIDE CITY LIMITS? 1 YES 2 X NO		
RAL	100. STREET AND NUMBER	rymaid Dri			101	ZIP CODE				HAT COUNTRY?				
BY FUNE	11. MARITAL STATUS 1 Never Merried 2 Married 3/2/2. Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF										— American Indian, , White, etc. ly:		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during mo life. Do NOT use retired.) College (1-4 or 6+) BOOKKeeper					,	164		USINESS/INDI		White		
COMP	17. FATHER'S NAME (First, Middle, Last)		Вос	, , , , , , , , , , , , , , , , , , ,	kkeeper Engineering F 18. MOTHER'S NAME (First, Middle, Meiden Surname) Edith Brill						g FI	I III		
BE	Grady Hollow 190. INFORMANT'S NAME (Type/Print)	ay	19h MAII ING	ADDRESS	(Ctmat a					wn, State, Zip	0.41			
5	Barbara R. Baker		14044	Harr	isvi	lle						nd 21771		
	20a, METHOD OF DISPOSITION 1	oval from State	20b. PLACE AND DATE cemetery, cremetory or of Wincheste	ther place)	Feh	ruary	21 emet	,199	2	nchest		wn, State Virginia		
	21. SIGNATURE OF FUNERAL SERVICE LIC	Kanket	M00335	22. 1 Ro Ro	ober ockv	D ADDRES	Pum In	phre	y Fun 00 We nd 20	eral H	lome	/ mery Avenue		
ATION	IMMEDIATE CAUSE (Final disease or condition resulting in desth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR	atic Smal	F):	l1 c	ancer	of	Lun	ā			Interval Between Onset and Deatl		
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	e												
MEDICAL	PART II. Other algoliticant condition	e contributing to dee	th but not resulting	in the un	derlylng	cause gi	ven in	Part I.	24a. WAS AI PERFO 1 YES	RMED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HORRITAL				ACE OF DE	ATH (Ch	ck only or	(0)					
XS.	1 ☐ YES 2 🖔 NO	HOSPITAL:	Outpatient 3 DOA	OTHER		5 🗆 Res	idence	6 🗆 Othe	r (Specify)					
	27. MANNER OF DEATH 1 Natural 5 Pending 2 Applicant Investigation	26e. DATE OF INJU		E OF TURY M	26c. INJI WO 1 Y	JRY AT RK? ES 2	NO .	28d. DES	CRIBE HOW	INJURY OCCI	URED			
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF IN. building, etc.	URY — At home, farm, (Specify)	street, facto					ATION (Street or Town, State	end Number o	or Rural A	oute Number,		
COMPLETED	29e. CERTIFIER (Check only one) 1XXCERTIFYING PHYSIC ONE) 2 MEDICAL EXAMINED											end manner ee stated.		
BE C	296. SIGNATURE AND TITLE OF CERTIFIER	90 -	0	-		29c. LICEN	ISE NUN	BER		29d. DATE	SIGNED	(Month, Day, Year)		
2	38. NAME AND ADDRESS OF PERSON WHO	Sanke.	~ los	7,		D	0580	9		Fel	orua	ry 16,1992		
	John &. Lodmell	M.D. 2901			ring	Road	1 01	ney,	Mary	land 2	2083	2		
	FEB 19 92	gitte David	Single State	4										

BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 5 may be retained by the host	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	De lieb Within 72 Hours after great with the State Dept. Or regall and hearing into the most of remova. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	9	10	be lied within 12 hours after beath with the State below or negation when anygone provide bound, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical ex
	TAL	RE	7/
	980	J. S.	N
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	FOR												0.0	_	
	1 - FOR STATE REGISTRAR		STATE OF M	MARYLAND C	DEPAR ERTIF					MENTA	REG. NO		92	06456	
	1. DECEDENT'S NAME (First,	, Middle, Last)								2. DATE	OF DEATH	AY	YEAR 3	TIME OF DEATH	
		,		R. Hott	inge			_			ruary	13, 19		8:15 a M	
	4. SOCIAL SECURITY NUME	ER	5. SEX	6-AGE (In yrs. In	st birthday)		ER 1 YEAR	IF UNDER		7. DATE	OF BIRTH			ACE (State or Foreign	
	216-38-589	8	1) 1 1 2 F	48	YRS.	MONTHS	DAYS	HOURS	MIN.	-		1943	,,	ngton.D.C.	
	9e. FACILITY NAME (If not in	stitution, give s	treet and number)	11/7		9b. CIT	Y, TOWN O	R LOCATIO	ON OF DE		201	9c. COUN	TY OF DEA	TH	
8	Sub	urban	Hospital				F	Bethe	eña			Ι,	/onto	omerv	
5	RESIDENCE OF DEC	10b. COUNT			T				sua				MOTILLO	Onlery	
DIRECTOR	Sen anna	10b, COUNT			10c, CIT	10c. CITY, TOWN OR LOCATION						10d. INSIDE CITY LIMITS?			
0	Maryland	-	Montgome	ry	Щ,					ille			1 V YES 2 □ NO		
FUNERAL	10e. STREET AND NUMBER							ZIP CODE	E		10g. CITIZEN OF WHAT COU			AT COUNTRY?	
핗		Longwo	od Drive						2085					States	
E	11. MARITAL STATUS 1 Never Married 2	Married	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. AF	RMED NO	13	If yes, spe	ENDENT O	F HISPAN	IIC ORIGI	N? (Specify Yes	or No-	14. RACE -	- American Indian, White, atc.	
ВУ	3 Widowed 4 Divo		IF YES, GIVE W	AR OR DATES			1 TYES	2 X NO	Specify	r.			Specify:		
	15 DEC	EDENT'S EDU	CATION	40.00	ECEDENT'S	1101111	2001121210		_	1				White	
	(Specify only	y highest grade	completed)	(6	live kind of a	work done	during mos	nt of workin	g	164	. KIND OF BU	SINESS/INDU	STRY		
PLE	Elementary/Secondary (0	-12)	College (1-4 or 5	•)											
COMPLETED	12 17. FATHER'S NAME (First, M	idella Faat)				мес	hanic		15010 111	451 4		Automo	otive		
	THE THE PARTY OF T	,	Hotting					16. MOTE	TEN'S NA		Middle, Melden				
BE	19a. INFORMANT'S NAME (7		HOLLING		- 44 A H INC	400056	20.00	444 4	0.11		Lma Be:				
10	Selma B.														
				20b. PLACE					e Ro	DAT	ille. 1	Maryla CATION — C			
	20a METHOD OF DISPOSITI 12 XBuriel 2 Cremetio 4 Donation 5 Other		oval from Stale	cemetery, cre	ematory or o	ther place	Fah	rilar	y 18	,199	22				
	21. SIGNATURE OF FUNERAL		ENGEE	1 110	DWGT	22	NAME AN	D ADDRES	SS OF FA	CILITY				, Maryland	
	D 19	-	V //	/		I	Rober	t A.	Pum	phre	y Fune	eral H	Iome/	ery Avenue	
	22 PART I Fotos the di	e I	Jocker		0335	Ī	Rockv	ille	, Ma	ryla	nd 208	350 MOI	regom		
	23. PART I. Entar the di shock, or he	eart fallure.	List only one cau	t ceused tha de se on aach line	eath. Dor n.	ot ente	r the mo	de of dyl	ng, suci	h aa cer	diac or reap	iratory arre	at.	Approximate Interval Between	
	IMMEDIATE CAUSE (Findisease or condition	al	1		11		1 1	1		1	- A	10	1	Onset and Death	
	resulting in death)	→	. <u>Le</u>	OR AS A CONSE		La	17	314	4	Cn	www	wh	4	lur-	
			1	IOH AS A CONSE	OUENCE O):		/h)	1	1	1	2	
RTIFICATION	Sequentielly list conditi			DUE TO (OR AS A CONSEQUENCE OF:								- DOP-24/10			
AT	If any, leading to immed cause. Enter UNDERLYI			9	0021102 01	6					1		-	1 1	
윤	CAUSE (Disease or Inju- that initiated events	7	DUE TO	(OR AS A CONSE	OUENCE OF	F):								i	
E	resulting in death) LAS	T I				•									
S			0.											1	
A.	PART II. Other significe	nt condition	a contributing to	death but not i	reaulting	n the u	nderiying	cause g	lven in	Part I.	24a, WAS AN PERFOR			ERE AUTOPSY FINDINGS MILABLE PRIOR TO	
음		un)	MICO	10 -							1 TYES 2		C	OMPLETION OF CAUSE F DEATH?	
W														YES 2 NO	
z															
¥	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL						ACE OF DI	EATH (Che	ick only o	ne)				
Si	1 - YES 2 NO		HOSPITAL: 1 ☐ Inpatient 2 ☐	ER/Outpatient 3	□ DOA	4 Nu	IA: rsing Home	5 🗆 Re	sidence	8 🗆 Othe	er (Specify)				
PHYSICIAN: MEDICAL	27. MANNER OF DEATH		26a. DATE OF (Month, D		26b. TIM	E OF URY	28c. INJL WOI			28d. DE	SCRIBE HOW I	NJURY OCCL	RED		
BY		Pending Investigation				М	1 🗆 Y		NO						
	3 Suicide 6 0	Could not be	28e. PLACE O	F INJURY — At ho	ome, farm, i	street, fac	ctory, office			28f. LOC	ATION (Street or Town, State)	and Number o	r Rumil Rou	te Number,	
	4 Homicide	determined								Ony	or lown, orally				
7	29e. CERTIFIER 1 CERT	IFYING PHYSI	CIAN: To the best of	my knowledge, de	ath occum	d at the	lime, date	and place,	end due	lo lhe ca	use(a) and mar	ner ee stated	ı,		
COMPLETED														nd manner as stated,	
100	SIGNATURE AND TITLE		1						NSE NUM					nth, Day, Year)	
BE	V)	3/1	116	MI			D) [11/	0/	DI T	3 F	Con Total	
2	30. NAME AND ADDRESS OF	DEDSON WIN	O COMPLETED CALL	E OF BEATH WEE	1. 1	24-4		100	1.1	- /	- (14	1) / (

29d. DATE SIGNED (Marth, Day, Year) 30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 50 West Edmonston Drive #207 Rockville, Paul T. Noone M.D. 31. DATE FILED (Morith, Day, Year)
FFR 19 '92

DHMH-16 Rev 1/89

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	1. DECEDENT'S NAME (First, Middle, Last)		11.1			2. DATE OF DEATH MONTH	DAY 1	3. TIME OF	DEAT
	KICHARD	<i>C</i> .	ITAL			2 /	6 4	2 20	4
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State Country)	e or F
	216-40-5166	1 🗘 🗓 F	84 YRS.	MONTHS DATE	HOOMS MIN.	9 18	07	Massachu	use
	9a. FACILITY NAME (If not institution, give s	treet and number)	1	9b. CITY, TOW	OR LOCATION OF D	EATH	9c. COUNT	Y OF DEATH	
6	10310 DET	RICK	HVO	KENS	ING-TO	al a	MON	T60 111	187
딦	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	ν	100 017	Y, TOWN OR LOC					
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	10e, STREET AND NUMBER	1601481	29 1		NOTO		T.,	1 □ MES	
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2	11, MARITAL STATUS	12. WAS DECEDENT EN	TO IN II S ADMED	12 990 0	1086			ted State	
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BY	3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES	1 U Y	ES 2 NO Specif	y:		Specify: Whit	+0
	15. DECEDENT'S EDU	CATION	16a. OECEDENT'S			16b. KIND OF BU	JSINESS/INDUS		Le
E	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during : se retired.)	nost of working	600000000000000000000000000000000000000			
릴		4	Ca	binetma	ker		Solf I	Employed	
COMP	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Malder		MOTOVEG	
BE	Wells A	lbert Hall			М	ay Evelyn	Dunhar	n	
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street		Route Number, City or Tox			
5	Elizabeth H. Si	toski	1254	Seabri	ght Drive	Annapolis	s.Marvl	land 2140	זה
	20a. METHOD OF DISPOSITION 1 Burlel 24 Cremetion 3 Rem							y or Town, Stata	
	4 Donation 6 Other (Specify)	NOVER FROM STATE	cemetery, cremetory or commentary or commentary	other place) Fel V Crema	torium In	,1992 Be	thesda	a, Maryla	and
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	1	22. NAME	AND ADDRESS OF FA	CILITY			
	D 19	1 K	/	Beth	rt A. Pum esda-Chev	phrey Fune y Chase, I da, Maryla	eral Ho	ome/ 57 Wiscor	nsi
_	23. PART I. Enter the diseases, or) repro	M00335	Aven	ue Bethes	da, Maryla	and 208	314	
CERTIFICATION	Sequentistly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a DEPR	AS A CONSEQUENCE O	F):	ek .			AC	10
	resulting in desth) LAST PART II. Other aignificent condition	d			ng ceuse given in			24b. WERE AUTOR	
N: MEDICAL						PERFO	RMED?	MARLABLE P COMPLETION DF DEATH? 1 YES 2	N OF
CIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			PLACE OF DEATH (Ch	eck only one)			
YSI	1 YES 2 NO	1 Inpatient 2 ER	/Outpatient 3 □ DOA	OTHER: 4 - Nursing He	me 5 Residence	6 Other (Specify)			
PHYSI	27. MANNER OF DEATH	28a. DATE OF INJU			JURY AT	28d. DESCRIBE HOW	INJURY OCCUP	RED	
8	1 Natural 5 Pending 2 Accident Investigation	2 16	92 1	O M 1	YES 2 1-NO	CUT NO	OK u	DITH SI	A
8	3 Suicide 6 Could not be	28s. PLACE OF IN. building, etc.			Ica	281. LOCATION (Street City or Town, State	and Number or		
			House	13			#1	0	
집		CIAN: To the best of my							
COMPL	0/10) 2 MEDICAL EXAMINE								f 88 t
	296 SIGNATURE AND THRE OF CERTIFIE		///	.0	29c. LICENSE NUM			IGNED (Month, Day,	
8	della	6/1	14/1	0	2070	94	1	-17-6	2
٩	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE O	F DEATH (TEM 27) (Type	Print)	1	-	1 2	10	
	FRANCIS CA	Mulhor 8		1500051	N AVO	BOTHE	SOM	11020	W.
	31. DATE FILED (Month, Day, Year)	SE REGISTRAL'S	SIGNATURE!						
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13 DATE FILED (Month, Day, Year)
MAR 5 1992

se registran's signature

	ECECENT'S NAME (First	IAZET							2. DATE OF DI	DAY		YEAR	3. TIME O	111271111
	OCIAL SECURITY NUM		6. SEX	8 AGE (In um	t. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 H		Februa	DTH	26,		THPLACE (Sh	50 A
	579 22 52		1√M 2 □ F	95	YRS.	MONTHS DAYS		_	July 1	2 1	1896	Cour	alv	ar ar arango
9a. l	FACILITY NAME (# not	institution, give	street and number)			9b. CITY, TOW	OR LOCATION O	F OE		,		NTY OF		
	Randolph 1		Nursing H	lome		Wheat	on				Mont	gom	nery	
	SIDENCE OF DE	10b. COUNT	TY		10c. CIT	Y, TOWN OR LOC	ATION						10d. INSII	DE CITY
- 1	Maryland	Mo	ntgomery			Wheaton								
	STREET AND NUMBER		,				101, ZIP CODE						WHAT COU	
_	4011 Rando	olph R		ad.			20902					_	ed States	
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		CEDENT'S EO	UCATION		OECEDENT'S	USUAL OCCUPA	TION		16b. KIND	OF BUS	INESS/INI	DUSTRY		
-	Elementary/Secondary		College (1-4 or 5			work done during se retired.)	nwocu wurking							
	12 years	Addedon duran			Barber	:	Lacarana		Hai			_		
	John Iazei								me <i>(First, Middle,</i>)elila	Melden S	Sumama)			
	INFORMANT'S NAME				19b. MAILING	ADDRESS (Street	t and Number or R			y or Town	, State, Zi	o Coloseb	rv1an	a 2090
	Janet E. 1	Feldbe	rg				Leisure							
20a.	METHOD OF DISPOSI	ITION	movel from State	oth	ACE OF DISPO	SITION (Name of	cometery, crematory	or or		20c. LOC	CATION —	City or	Town, Stata	
		20s. METHOD OF DISPOSITION 1\(\) Burial 2 \ Cremation 3 \ Ramoval from State 4 \ Donation 5 \ Other (Specify) \ State National Memorial Park 3/2/1992 Falls Church, Virgin												
				_ Nat	ional	Memoria	al Park	3/	2/1991	Fa1	ls C	hur	ch. V	irgini
21. 9	SIGNATURE OF FUNER	AL SERVICE L	ICENSEE	_ Nat	ional	22. NAME	ANO ADDRESS O	F FAC	CILITY			10111		-3 0-1 0000
21. 8	SIGNATURE OF FUNER	AL SERVICE L	ICENSEE	Nat	ional	STEIN	N HEBREW	FFA	CILITY IEMORIA	L FU	NERA	L H	OME.	Inc.
	PART I. Enter the	diseases, or	complications th	et caused the	Joeth. Do	STEIN 232 (ANO ADDRESS OF THE BREW CARROLL	F FAC M ST	CEMORIA	L FU	NERA WA	AL H	OME,	Inc. D.C. proximate
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CAUSE OF DEATH (ITEM 27) (TYPOR PHIN)
4 3720 FARRAGUT AVE. KENSING TON, MD. 20895

BALTIMORE, MARYLAND 21215-0020	4 nours after death. Page 6 may be retained by the hospital or attending otheric	illed in by the funeral director, page 5 should be detached for use as the burial-	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physic	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-be filled within 72 hours after death with the State Dept, of Health and Mental Hydiene prior to burial, cremation, or removal	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1. DECEDENT'S NAME (First	t, Middle, Last)								2. DATE OF GEATN			3. TIME OF DEATN	
		CLARENC		J.			JOH	NSON		February	17,	1992	5:15P M	
	4. SOCIAL SECURITY NUMBER 199–18–4275	5	5. SEX 12 M 2 F	6. AGE (In yrs. les	t birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) 11-15-24		BIRTHPLACE (State or Foreign Country) Pennsylvania		
_	Se. FACILITY NAME (If not in					9b. CITY	r, TOWN	OR LOCATI	ON OF DE		9c. COU	NTY OF DI		
DIRECTOR	VA Medical					Per	rry :	Point			Ced	cil		
JEC	10a. STATE Dist.	10b. COUNTY	1		10c. CIT	Y, TOWN	OR LOCAT	TION					10d, INSIDE CITY	
ā	of Columbia				Was	shing	gton						LIMITS?	
RAL	10a. STREET AND NUMBER						101	. ZIP CODE	E		10g. CIT	IZEN OF W	HAT COUNTRY?	
FUNERAL	1528 Pennsy	lvania						20003			USA			
	11. MARITAL STATUS 1 Never Married 2 Married 1 Never Married 2 Married 1 FYES, GIVE WAR OR DATE.					- 1	If yea, sp	ecify Cuba	n, Mexican	C ORIGIN? (Specify Yes , Puerto Ricen, etc.)	or No-	Black	- American Indian, White, etc.	
) BY	3 Widowed 4 Divo	proed	1943	- 1946			I _ YES	2 X NO	Specify:			Specif	Black	
TE	(Specify only	EDENT'S EDUC y highest grade	completed)	(Gi	CEDENT'S ve kind of Do NOT u	USUAL O	CCUPATIO	ON ast of workin	g	16b. KINO OF BUS	INESS/INE	DUSTRY		
COMPLETED	Unknown		College (1-4 or 5	+)	iknov					Unknown	ı			
BE CO	17. FATNER'S NAME (First, M Unknown	liddle, Last)							ER'S NAM	NE (First, Middle, Maiden :	Surname)			
TO B	19a. INFORMANT'S NAME (7			190	. MAILING	ADDRESS	S (Street a	nd Number	or Rural Re	oute Number, City or Town	, State, Zip	Code)		
-	Perry Poin			min. I	erry	Poi	nt,	MD 2	1902					
	20g. METNOD OF DISPOSITION 14 Donatton 5 Donat	iON on 3 🗆 Remo	oval from State	20b. PLACE A	ND DATE	of Dispos ther piecei	SITION (Na	me of		1		City or Tov		
	21. SIGNATURE OF FUNERA		etyle ,	Quanti	CO P		ational Cemetery 3-3 Quantico, VA							
	1		R	I.T.	Foa	rd F	uneral Hon St., Risir	ne, F	A. M	D 21011				
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AN	25. WAS CASE REFERRED TO	MEDICAL					28 DI	ACE OF DE	ATN Char	k only one)				
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BY PHYSICIAN:		Pending investigation	28a. DATE OF (Month, De	INJURY	28b. TIM		28c. INJU	JRY AT		28d. DESCRIBE NOW IN	JURY OCC	CURED		
ED .	3 Suicide 8 0	Could not be	28e. PLACE Of building,	F INJURY — At horretc. (Specify)	ne, term, s	treet, facti	ory, office			281, LOCATION (Street ar City or Town, State)	d Number	or Rural Ro	ute Number,	
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-	30. NAME AND ADDRESS OF													
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James Jewish Je	1. DECEDENT'S NAME (First, Middle, Las	11)					2.	DATE OF DEATH		3	TIME OF DEATH		
4. SEX	James		Jenkins.	Jr.			- 1	MONTH DA		YEAR			
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The Notice of Name (Pietric Modes), Analogo Summer of Control Contro			Illia Do M	d of work done d OT use retired.)	luring most o	of working							
T. PART II. Other eignificant conditions of the Constituting in death) Due to (on As a consequence of):				chef				rest	uran	t:			
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194. MAINE PLUMMET 206. MAINED ADDRESS (times and Number or Russ Nove Names, City or Burn, State, Zo Code)	James Jenkins	, Sr.				Chri	stir	ne Jenk	ins				
20b. PLACE AND DATE OF DISPOSITION DATE 20b. LOCATION — City or Torm, state Consulty, consulty or Other packs Donation _ S. Demoval from State Donation _ S. Demoval from State Donation _ S. Demoval from State Donation _ S. Demoval from State Donation _ S. Demoval from State			19b. MAI	LING ADDRESS	(Street end	Number or	Rural Route	Number, City or Town	n, State, Zip	Code)			
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23. NAME AND ADDRESS OF FACILITY 23. SIGNATURE OF FUNEBAL SERVICE UCENSEE 24. NAME AND ADDRESS OF FACILITY 25. PARTH—Enter the diseases, or complications free ceused the deeth. Up not enter the mode of dying, such as cerdise or respiratory arrest, sibleck, or heart failure. List only one ceuse on each line. 25. PARTH—Enter the diseases, or complications free ceused the deeth. Up not enter the mode of dying, such as cerdise or respiratory arrest, sibleck, or heart failure. List only one ceuse on each line. 26. PARTH—Enter the diseases, or complications interval and interval as a cerdise or respiratory arrest, sibleck, or heart failure. List only one ceuse on each line. 26. PARTH—Enter the diseases, or complications as cerdise or respiratory arrest, sibleck or		movel from State	20b. PLACE AND D	ATE OF DISPOSI			47.04			ity or Town,	State		
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That initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): d. PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY FINE AMALABLE PRIOR TO MEDICAL EXAMINER? 1 SY VES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 SY VES 2 NO 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 1 Netural Particular Solution of Canal Partical Solution of Canal Particular Solution of Canal Particular Sol	If any, leading to immediate cause. Enter UNDERLYING												
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27. MANNER OF DEATH Natural Natural	EXAMINER?		1 may 2	OTHER	:								
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(Check only 1 CHRITIPING PHYSICIAN: To the best of my knowledge, death occurred at the time, dete end place, end due to the ceuse(s) end manner ee stated. MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(s) end menner ee stated. MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(s) end menner ee stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Vear) 0 . C . M . E . 0 . 2 . 1 . 7 . 1 . 9 . 9 . 2 1 . 7 . 1 . 9 . 9 . 1 . 9 . 9 . 1 . 9 . 9 . 9	29e CERTIFIER							D = 11000					
29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 0. C. M. E. 0. 2 17 1992	(Check only												
NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) ALAKE TRANSPORTED CAUSE OF DEATH (ITEM 27) (Type, Print)	2 X MEDICAL EXAMI	xamination end/or investi	gation, in my op	olnion, desti	h occurad i	et the time,	, date end place, end	d due to the	ceuse(e) er	d menner ee stated			
MAKE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	THE SUPPLETURE AND TITLE OF CERTIF				21	9c. LICENSI	E NUMBER		29d. DATE	SIGNED (Me	onth, Day, Year)		
MARIO TO GOLR TRANSPORTED CAUSE OF DEATH (ITEM 27) (Type, Print)	min.	Davo	H10			0.C	. M . E		0.2	17	1992		
MANO F. GOLLE, JK. WW 111 Penn Street. Baltimore Maryland 2120	NAME AND ADDRESS OF PERSON Y	HO COMPLETED CAU	SE DE DEATH (ITEM 27)	Type, Print)					3 20				
31. DATE FILED (Mohit), Day, Year) 32, REQUETRAR'S SIGNATURE 2	MARIO F. GOL 31. DATE FILED (Mohin, Day, Mary FEB 2 0 1992	WIJK.	MY 111	Penn	Stre	eet.	Ba1	timore	Mary	vlane	1 21201		

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within jurs after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely lived in by the funeral director, page 5 should be detached within 72 hours after death with the State Dect. of Health and Mental Hydlere prior to build. cremation, or removal.	aminer must	
requires that t	een signed by of Health and	shows any I	
he law	has b	m 23	
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ATTEN	ECTOR:	n 28 i	
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USPITA	UNERA	INT.	
TO THE H	TO THE P	IMPORT	

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

1 - STATE REGISTRAR		SIAIE UF I					DEAT		MENIAL	REG. NO.	E			
1. DECEDENT'S NAME (First	, Middle, Last)							-		OF DEATH		752	3. TIME OF DEATH	
John Paul 3	Jones								MONTH 2	23	٧	92	1030 M	
4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs. lest	birthday)	IF UND	ER 1 YEAR	IF UNDER	24 HRS.	7. DATE C			8. BIRTHPLACE (State or Foreign		
212-05-30	98	1X M 2 - F	84	YRS.	MONTHI	DAYS	HOURS	MIN.	2 (Month,	Dey, Year)	3	Country	1)	
9e. FACILITY NAME (If not in	nstitution, give s	treet and number)			9b. Cl	TY, TOWN	OR LOCATIO	N OF DE	EATH		9c. COU	NTY OF DE	EATH	
365-13A P		nton Rd			We	estm	inst	er			Car	rol	1	
10e. STATE	10b. COUNTY	Y		10c. CIT	Y, TOWN	OR LOCA	TION						10d. INSIDE CITY	
MD	Ca	rroll			We	estm	inst	er					LIMITS? 1 YES 2 NO	
10e. STREET AND NUMBER						10	r. ZIP CODE				10g. CIT	IZEN OF W	NAT COUNTRY?	
365-13A P	leasa						211	- 1				J.S.		
11. MARITAL STATUS 1 Never Married 2003 3 Wildowed 4 Dive		FORCES? 1	TEVER IN U.S. ARI X YES 2 N WAR OR DATES KOREAN		1	If yes, s	ENDENT OF	, Mexica	n, Puerto R	? (Specify Yee lican, etc.)	or No		, American Indian, White, etc.	
	CEDENT'S EDU- ly highest grade 0-12)		+) (Gr life.	cedent's we kind of the Do NOT us engi	work don se retired	1.)	ON pat of working	g	ι	tili atili as &	ty o	comp		
17. FATHER'S NAME (First, M	Aiddle, Last)			0116-			18. MOTH	ER'S NA		fiddle, Maiden				
John W. J	. ,									Veave				
190, INFORMANT'S NAME (196	. MAILING	ADDRE	SS (Street				er, City or Town		p Code)		
Mrs. Bern			3	65-	13A	Ple	asan	tor	Rd.				er. MD	
20s METHOD OF DISPOSIT 14. Burlel 2 Cremetic 4 Donation 8 Other		oval from State	20b. PLACE other pla	ice)					2/20	20c. LO		City or To		
21. SIGNATURE OF FUNERA	1-1	CENSEE	- DI UI	u il.	2	2. NAME A	ND ADDRES	S OF FA	CILITY	Da	4 641	поте	MD	
Rober	+ 17	Pritts,	Cm			Pri	tts	Fun	iera.	l Hom	e &	Cha	pel	
23. PART I. Enter the d				eth. Do i	not ent								inster. M	
		List only one ce			iot oilt	^	ou or uy	119, 400		ioo oi ioapi	i a tory an	1001,	interval Between	
iMMEDIATE CAUSE (Fig disease or condition resulting in death)	nel	. ler	In an	La	1 -	fi	bil	la	Tio	0			Onset and Death	
		DUE TO	OR AS A CONSECUTION SEL	UENCE O	F):	1	0.		00-	1 T	300	. .		
Sequentially list condit if any, leading to imme cause. Enter UNDERLY	diate	W	(OR AS A CONSEC			20	ONOU	10 V	rya	nan [1/8	MOT		
CAUSE (Disease or Injuthat initiated events resulting in death) LAS		DUE TO	(OR AS A CONSEC	DUENCE O	F):						_			
PART II. Other significa	ent condition	na contributing to	death but not r	esuiting	in the	undarlylr	g ceuse g	iven in	Part f.	24s. WAS AN		24b.	WERE AUTOPSY FINDINGS	
										PERFOR		1	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
									-				1 TES 2 NO	
25. WAS CASE REFERRED 1	TO MEDICAL	Г				26. F	LACE OF DI	EATH (Ch	eck only on	e)				
EXAMINER?		HOSPITAL:	ER/Outpatient 3	□ nos	ОТН		no 8 🕩	Sidanaa	e 🗆 Other	(Casalla)				
27. MANNER OF DEATH	Pending	28e. DATE O		28b. TIN		28c. IN	JURY AT ORK?			CRIBE HOW I	NJURY OC	CURED		
2 Accident	Investigation	28a PLACE	OF INJURY — At ho	ma farm	atmed 6		YES 2] но	204 1.00	ATION (Stant	and Mounts	a as Durant S	Paulo Atumbas	
3 Suicide	Could not be determined		etc. (Specify)	rrew, restrict,	otreet, t	actory, orn				ATION (Street a or Town, State)	ina Numbi	r or nurer r	vous Number,	
	TIFYING PHYS	ICIAN: To the beat o	f my knowledge, de	ath occum	red at th	e time, dat	e and place,	end due	to the cau	se(e) end mer	mer as st	sted.		
one) 2 MED	DICAL EXAMINE	ER: On the beele of	examination and/or i	investigation	on, in m	y opinion,	death occur	ed at the	time, date	end place, en	d due to t	he ceuse(e) end menner ee stated.	
296. MIGNADUME AND TITLE	e OF CERTIFIE		raga	w			29c, LICE	NSE NUI	MBER	0	29d. DA	TE SIGNEO	(Month, Day, Year)	
30. NAME AND ADDRESS O		10 COMPLETED CAL	ISE OF DELT (ITE	M 27) (Type		1	2 11 - 3	-		logti	204	v 347	21157	
Chitrachedu			AR'S SIGNATURE	AUUA	Poc	ole R	a Med	Ct	r., W	estmi	iste	L, MD	2115/	
FFR 2 5 '92	rear)	Julia Davi	lson-Ande	92_										

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ANC	e hosp	letache	nce.
BALTIMORE, MARYLAND	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Deat, of Health and Mental Hoolene prior to burial, cemarism, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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2	. Pag	ral dir	iner
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11	s after	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filled within 72 hours after death with the State Deut, of Health and Mental Hydiene prior to burial, cremation, or removal	dicai
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	hin 24	mation	t, th
DIVISION OF VITAL RECORDS, P.O. BOX 68/60,	ed with	omple d. cres	even
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	H	F 2	=

	1 - FOR STATE REGISTRAR	STATE OF N	MARYLAND /	/ DEPAR					MENT	AL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last) The I ma Ne	al		1	Kell	lley	7		2. DAT	TE OF DEATH	AY 18	Q YEAR	3. TIME OF DEATH
	4. SOCIA SECURIT ON MORE BO 217 - 42-3530 9a. FACILITY NAME (If not institution, give st	5. SEX 1 M 2 F	6. AGE (In yrs. In	est birthday) YRS.	IF UNDER MONTHS	DAYS	IF UNDER	MIN.	05·	TE OF BIRTH onth, Day, Year) -18-07		Este	p, Kentucky
CTOR	PENINSULA GENER	03377	TAL		9b. City,		OR LOCATE ALISE	150.00			9c. COU	WICC	OMICO
- DIRECTOR	MD. Wico	•			ry, TOWN O		ION					10d. INSIDE CITY LIMITS? 1 YES 2 X NO	
FUNERAL	201 Bagpipe Cou						1. ZIP CODI 218	301			U.	S.A.	WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W	T EVER IN U.S. AF		- 11	If yes, spe	CENDENT Concepts of the Concep	an, Maxicai	in, Puarto	BIN? (Specify Yea o Rican, etc.)	or No-	Black	E — American Indian, ik, Whita, etc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 1 2	CATION completed) College (1-4 or 5 +	(G life	ECEDENT'S Give kind of vie. Do NOT us	work done d se retired.)	during mos	st of working	19		U.S. De			griculture
BE CO	17. FATNER'S NAME (First, Middle, Lest) Archie Stewart	Neal					Sop	phia	Buc	kley Ne	eal		
10	Dan R. Silling			20	1 Bag	gpip	e Co			mber, City or Town lisbury	, Md	1. 21	
	20s. METNOD OF DISPOSITION 1	1	20b. PLACE	SDUT S	y Cre	matc	ory	SS OF FA	2/2	20 Sal	cation — lisbu		
	· John &	Holow	vay			501	SNOW	HIL	L RI	L HOME D. SALI	SBUR	RY, M	ID. 21801
	23. PARI I. Enter the diseases, or c shock, or heert feliurs. I IMMEDIATE CAUSE (Finel disease or condition resulting in death)	. Myoc	CAUSED THE CONSE	al -	IN				1 88 Car	rdiac or respin	ratory sri	rest,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF):												
PHYSICIAN: MEDICAL CE	PART II. Other significent conditions	s contributing to (death but not r	resulting I	n the unc	derlying	ceuse g	jiven in I	Part I.	24s. WAS AN A PERFORE	MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						ACE OF DE	EATH (Chi	ick only c	one)			
HYSIC	1 - YES 2 5 NO 27. MANNER OF DEATH	1 Inpetient 2 28a. DATE OF I	INJURY	28b. TIME	E OF	ing Nome 28c. INJU	URY AT	sidence /		ner (Specify)	LIURY OC	CURED	
≧	1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	(Month, Day	F INJURY — At ho		M	1 Y	RK? (ES 2] NO					
OMPLETED	4 Nomicide detarmined	building, a	atc. (Specify)						City	CATION (Street as y or Town, State)			loute Number,
COMPL	(Check only one) 2 MEDICAL EXAMINER		vy knowledge, de amination and/or i	investigation	d at the tim	ne, data a xinion, de	and placa, both occur	and dua t	to the ca	iuse(s) and mani	ner aa stet I dua to th	led, na cause(a)) and manner as stated.
TO BE	296, STOMATURE AND TITLE OF CERTIFIER ALL PLUMS 30, NAME AND ADDRESS OF PERSON WIND	-	COS OFFICE STATE		2021		29c. LICE 02	48	BER 72		29d. DAT	E SIGNED	(Month, Day, Year) 8/92
2	PAUL FLEURY 31. DATE FILED (Month, Day, Year)	540	RIVER	eside	e Dr		SALL	1560	ire	1 mel	/ 21.	801	7
	FEB 2 0 1992	dha ha di	R'S SIGNATURE	M2									

27/17/1 57

BEET LEADING

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BE

9

	1 - STATE OF MAI	RYLAND /	DEPART	MENT OF	HEALTH DEAT	AND I	MENTAL HYGIEN REG. NO.		2 (16463		
	1. DECEDENT'S NAME (First, Middle, Last) FREDERICK N. KO	FNIG	Sr.				2. DATE OF DEATH MONTH DA	-	YEAR	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 5. SEX 6.	AGE (In yrs. last	**	IF UNDER 1 YEAR	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year)	199		IPLACE (State or Foreign y)		
- 8	212-16-6969 X Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	_70	THO.	9b. CITY, TOWN	20100171	N. O. D.	12 21	21		TIMORF		
TOR	G.B.M.C. 67(:1 NORTH C	HARLE	s s		DWSO				TIMC			
DIRECTOR	10e. STATE 10b. COUNTY			TOWN OR LOCA			· ·			10d. INSIDE CITY LIMITS?		
	MARYLAND BALTIMORE			REISTE	RST(40- 00		1 YES 2 NO		
FUNERAL	114 HANOVER ROAD					211			US			
BY	11. MARITAL STATUS 1 Never Married 2 Married Married	YES 2 N		If yes, s	CENDENT O HOCKLY Cubar 3 2 NO	F HISPAN n, Mexica Specify	IIC ORIGIN? (Specify Yea n, Puerto Rican, etc.)	or No	Black	- American Indien, White, etc.		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 2 Yrs College Service Station Operator											
BE CO	17. FATHER'S NAME (First, Middle, Last) Henry F. Koenig				18. MOTH	rie	's NAME (First, Middle, Melden Surneme) ieda Heintzman					
10	Mrs. Doris E. Koenig	19b.	196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 114 Hanover Rd. Reisterstown, Md. 2113									
	20s. METHDD OF DISPOSITION FE Buriel 2 Cremetion 3 Removal from State 4 Donation 6 Other (Specify)			Toisposition (N			2/28 Fin		ourg			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AND ADDRESS OF FACILITY Eline Funeral Home-Reisterstown							stown,Md.		
	23. PART I. Enter the diseases, or complications that ca ahock, or heart feliure. List only one ceuse of iMMEDIATE CAUSE (Final disease or condition resulting in death)	on each line.					as cardiac or reapi	ratory ar	reat,	Approximata interval Between Onset and Daeth		

adeno carcinoma PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.

HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA

26a. DATE OF INJURY (Month, Day, Year)

DUE TO (DR AS A CONSEQUENCE DF):

MEtast

WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 - YES 2 NO OF DEATH?

1 TYES 2 NO

OTHER: me 5 Residence 6 Other (Specify) 286. TIME OF 28c, INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO

26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end manner ee stated.

2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner se atlated. 296. SIGNATURE AND TITLE OF CERTIFIER

PRICES NECE + Rico 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 29c, LICENSE NUMBER D36908

26. PLACE OF DEATH (Check only one)

29d. DATE SIGNED (Month, Day, Year) 2

31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE Tulia Davidson-Randelle

FEB 27 '92

Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING

CAUSE (Disease or Injury

that initiated events resulting in death) LAST

25. WAS CASE REFERRED TO MEDICAL EXAMINER?

6 Could not be determined

1 TYES 2 NO

27. MANNER OF DEATH

1 Natural 2 Accident

3 🗌 Suicide

4 🔲 Homicide

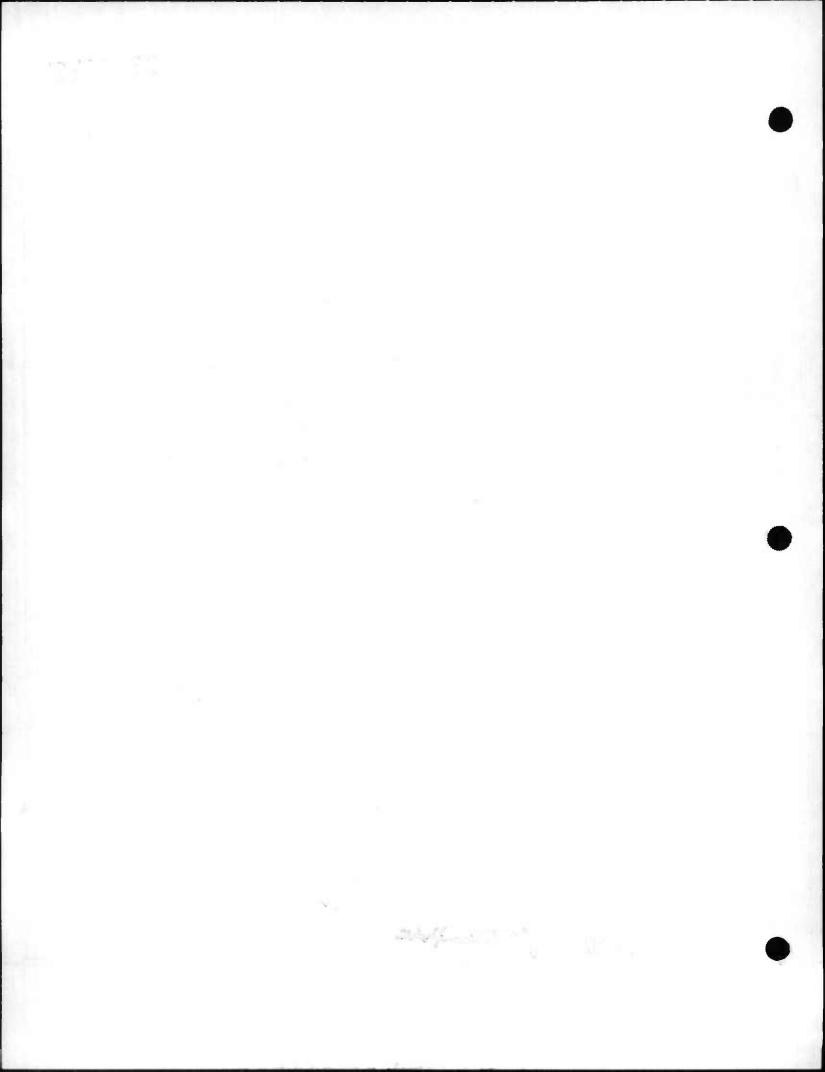
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administration of the

1		FOR STATE REGISTRA
1	1. 0	ECEDENT'S
'		T

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	RTIFI	CATE O	FDEATH	F	REG. NO.					
	1. DECEDENT'S HAME (First, Middle, Last)						2. DATE OF				3. TIME OF DEATH		
1	Tae Hwan KIM	10					MONTH 02	2		YEAR	7.00D W		
	4. SOCIAL SECURITY HUMBER						-			992	7:00P M		
	4. SOCIAL SECONITY HOMBEN		6. AGE (in yrs. last		IF UNDER 1 YEAR		7. DATE OF I (Month, De	BIRTH by, Year)		8. BIRTH Count	IPLACE (State or Foreign ry)		
	None 1 TM 2 F 65 YRS. WONTHS DAYS HOURS MIN. April 10												
- 7	9e. FACILITY HAME (If not institution, give s	street and number)			9b. CITY, TOW	OR LOCATION OF DE				NTY OF D			
Œ	Doctor's Hospita	1 Tauban		- 1	т 1			1					
DIRECTOR	Doctor's Hospita	1-Lannam			Lanhar				Pri	nce	George's		
입	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATIOH 10d, IMSIDE (
<u>=</u>	77									LIMITS?			
	Korea			Chu	ng Nam						1 YES 2 NO		
₹	10e. STREET AND HUMBER				- 1	IOF. ZIP CODE		10g. CITI	ZEH OF	WHAT COUNTRY?			
E	334 Jang Am Puyo								Kor	0.3			
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT	EVER IH U.S. ARI	4ED	13, WAS D	ECENDENT OF HISPAN	NC ORIGIN? (S	pecify Yes			E American Indian		
II.	1 Never Merried 2 Merried	FORCES? 1 [IF YES, GIVE WA	YES 2 N	0	If yes,	E — Americen Indian, k, White, etc.							
BY	3 Widowed 4 Divorced	IF YES, GIVE WA	R OH DATES		1 1 1	S 2 NO Specify	y:		- 1	Spec	*Oriental		
	15, DECEDENT'S EDU	CATION	1										
2	(Specify only highest grade		(Gh	e kind of wo	SUAL OCCUPA rk done during i	nost of working	18b. KIN	ID OF BUSI	NESS/IHD	DUSTRY			
"	Elementary/Secondary (0-12)	College (1-4 or 5+)	III0.	Do NOT use	retired.)								
9	Elementary		Fa	rmer			Se	1f-Er	nn I o	ved			
COMPLETED	17. FATHER'S HAME (First, Middle, Last)					18, MOTHER'S HA							
0	Suk Han Kim						1		,				
8	190, INFORMANT'S HAME (Type/Print)		1 44		THE DAY OF THE	Soon D							
2	196. INFORMANT'S HAME (Type/Print)		196	. MAILING A	DDRESS (Stree	t end Number or Rural i	Route Number, (City or Town,	Stelle, Zip	Code)			
-	Hyeon Ok Gang			911 K	ara Ct	Greenbe	1t. MT	200	70				
- 1	20e. METHOD OF DISPOSITION	Vest Coll Employ	20b. PLACE A	HD DATE OF	DISPOSITION		DATE	20c. LOC	ATION -	City or To	own, State		
	1 Buriel 2X Cremetion 3 Rem	oval from State	cemetery, crer	natory or other	er plece)		1 100 10	, n					
	21. SIGNATURE OF FORERAL SERVICE LIR	TENSER	I F La La	THEOT	1 Crem	atory O	2/22/9	v Brei	1.EWO	od,	MD		
- 1	. 7//7-1/	7/ /	/-		ZZ. NAME	AND ADDRESS OF FA	s/Rin	nald:	i Fu	neral Home			
	- Millio IX	MINAVA			11800	New Hamp	shire	Ave.	Sil	ver	Spring, MD		
	23. PART I. Enter the diseeses, or o	complications that	caused the de	th Do no							Approximate		
	shock, or heart fallure.	List only one ceus	e on each line.	All Do lio	c onto the ti	lode of dynig, sac	ii ge cardigo	Of Touping	atory arr	est,	Interval Between		
	IMMEDIATE CAUSE (Final	20	10	1 -	1		1 0	19.	20		Onset and Death		
	disease or condition resulting in death)	· shere	entry	Nen	nuch	of Vie	Shear	~ 1	Ces	1			
į	,	DUE TO (C	OR AS A CONSEQ	UENCE OF)						-			
-		A so	102 82								1		
ō	Sequentially liet conditions,	DUE TO IC	III AS A CONSEQ	UEHCE OF									
F	if any, leading to immediate cause. Enter UNDERLYING										i		
3	CAUSE (Disease or Injury	C											
1	that initiated evants	DUE TO (C	OR AS A CONSEO	UEHCE OF):									
CERTIFICATION	resulting in death) LAST	d											
2													
4	PART II. Other algnificant condition	s contributing to d	leath but not re	aulting in	the underly	ng ceuse given in	Part I. 24	n. WAS AN A		24b	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
EDICAL	Distates of	Lympules						YES 2			COMPLETION OF CAUSE		
	0 '	1-10	0				''	J TES 2	N NO		OF DEATH?		
Σ	- John Mary	follo	1				_				1 TES 2 HO		
z		1											
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					PLACE OF DEATH (Ch	eck only one)						
PHYSICIAN: M	1 YES 2 NO	HOSPITAL:	ER/Outpatient 3		OTHER:	ome 5 🗆 Residence	8 Other /Sr	oncify)					
<u></u>	27. MANNER OF DEATH	28a. DATE OF II	NJURY	28b. TIME		NJURY AT	28d. DESCRI	,,,	JUBY OCC	CURED			
	1 Netural 5 Pending	(Month, Day		INJU	RY, v	VORK?	2041 524611		12 -	001120			
BY	2 Accident Investigation	1	117	N/	1	YES 2 10		~/					
	3 Suicide 8 Could not be	eet, factory, of	lice		N (Street en	nd Number	or Rural I	Route Number,					
쁘	4 Homicide determined	10.00.00						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
"	29e. CERTIFIER												
COMPLETED	anal any	CIAN: To the beat of n											
ō	2 MEDICAL EXAMINE	H: On the beels of exa	mination end/or in	rve atigation,	In my opinion	death occured at the	time, dele end	place, and	due to th	e ceuse(s	e) end menner ss stated.		
	29b. SIGNATURE AND TITLE OF GERTIFIE	R)			^	29¢, LICENSE HUN	ABER	T	29d. DAT	E SIGNED	(Month, Day, Year)		
B	Well	~ (i=	10	~ h	~ D		3.3		•	2/2	1/51		
2	CONTRACTOR OF THE PROPERTY OF	7	1							4/1	11/		
	30. NAME AND ADDRESS OF PERSON WH		OF DEATH (ITEN	27) (Type, F	rint)	thys -	0110 6	2m11	, ./	n	1/1		
	WILHELMINA		Dor	ers	Corm	tout -	8118	Jiwi C	unce	14	contra		
		T 4	PERSONAL MILITARY				2				- A - A - A - A - A - A - A - A - A - A		
1	31. DATE FILED (Month, Day, Year)	3. BEGISTHAR	& BIGNATURE								1-6 207		
	FFR 24 '92	SP. BEGISTAR	S SIGNATURE								2070		



TO BE COMPLETED BY FUNERAL DIRECTOR

the hospital or attending physician.	e detached for use as the burial-transit permit. Pro-		t once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit nermit. Proceedings to the complete of th	ir to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
PHYSICIAN: The law requires that the death certificate by	this certificate has been signed by the attending physicia	with the State Dept. of Health and Mental Hygiene prior	rked, or Item 23 shows any Injury, or other tra-
TO THE HOSPITAL OR ATTENDING	TO THE FUNERAL DIRECTOR: After	be filed within 72 hours after death	IMPORTANT: If Item 28 is mai

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH A CERTIFICATE OF DEATH	
I DECEDENT'S NAME (First, Middle, Last) ISRAEL	KAMSKY	2. DATE OF DEATH MONTH
SOCIAL SECURITY MIMBER	C OFFY C AGE OF THE ABOUT A STREET	

712010111111		OLI	THIO	II L OI	DEAIII		HEG. NO			
1. DECEDENT'S NAME (First, Middle, Last) ISRAEL	KAMSK	Y				2. DATE O	DE DEATH	* 9	YEAR 3	TIME OF DEATH
		E (In yrs. lest bir		NDER 1 YEAR	IF UNDER 24 HRS	40.0	F BIRTH Day, Year)		8. BIRTHPL Country)	ACE (State or Foreign
579-34-1959	1 x M 2 - F 80		YRS. MONT	HS DAYS	HOURS MIN	5/15	/1911			sylvania
9a. FACILITY NAME (If not institution, give street	et and number)		9b. (CITY, TOWN	OR LOCATION OF	DEATH		9c. COUN	ITY OF DEA	TN
Hebrew Home of Gre	ater Washi	ington	R	ockvi	11e			Mon	tgome	ry
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			Dc. CITY, TOY	MI OD 1 001	TION					
		"			IIION					Dd. INSIDE CITY LIMITS?
Maryland Montgo	mery		Rock	ville						YES 2 NO
					H. ZIP CODE					AT COUNTRY?
6105 Montrose Road					20852				S.A.	
1 N Never Merried 2 Married	12. WAS DECEDENT EVER FORCES? 1 YE	S 2 PNO	,	If yes, sp	CENDENT OF HIS pecify Cuban, Max	rican, Puerto Ri	(Specify Yes ican, etc.)	or No-	14. RACE - Black, V	- American Indian, White, atc.
3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES		1 YES	S 2 NO Spe	ecity:			Specify:	Life of the
15. DECEDENT'S EDUCA		16a, DECED	ENT'S USUA	L OCCUPATI	ON	16h.	KIND OF BU	SINESS/IND	USTRY	White
(Specify only highest grade co	ompleted) College (1-4 or 5+)	(Give k	ind of work di NOT use retin	one during me ed.)	ost of working					
200000000000000000000000000000000000000	4	Che	mist			l n	.S. G	overn	ment	
17. FATHER'S NAME (First, Middle, Last)					18. MOTNER'S	NAME (First, Mi				
Ellis Kamsky					Sarah		ffe	,		
19a. INFORMANT'S NAME (Type/Print)		19b. M	AILING ADDI	RESS (Street	and Number or Rui			n, State, Zip	Code)	
Eileen Peters (nie	ce)				e Falls			1000		7062
20a. METHOD OF DISPOSITION		Ob. PLACE AND				DATE			ity or Town	
1 Buriel 2 Cremation 3 Remove 4 Donation 5 Ofher (Specify)	al from State	emoteor commet	one or other of	anal		1				Virginia
21. SIGNATURE OF UNERAL SERVICE LICEN	HARE //	CIUS DU			ND ADDRESS OF		JIEAL	LS CII	ur Cit,	VIIgInia
Darres	加出	ii.			nsky-Go Rockv11					els, Inc. D 20852
23. PART I. Enter the diseases, pr cor	mplications that caus	ed the death	Do not er	iter the mo	ode of dying, s	uch se cardi	sc or respi	ratory arm	est,	Approximate
shock, or heart fallyre. Lis	st only one cause on	each line.								interval Between Onset and Death
iMMEDIATE CAUSE (Final disease or condition	RESDI	PATO	RV	T	A1/ 111	DI				Onset and Death
resulting in death) s.	DUE TO (OR A	S A CONSEQUE	NCE OF:		TILL	KE				
-	PNEL	INOM	21 A							ĺ
Sequentially list conditions, if any, leading to immediate		A CONSEQUE	VCE OF):			ę				† — —
cause. Enter UNDERLYING	SEVE	RE	2	EM	ENT	17				
CAUSE (Disesse or injury that initiated events	DUE TO (OR AS	A CONSEQUE	NCE OF):							
resulting in death) LAST										
PART II. Other significent conditions	contribution to don't	hut oot	lal t - al							
AIA, AILATPI-	TID M	Dut not reeu	iting in the	underiyin	g ceuse given	in Part I.	24a. WAS AN PERFOR		AN	ERE AUTOPSY FINDINGS MILABLE PRIOR TO
1967E100C1NT	1000						1 YES 2	NO NO		OMPLETION OF CAUSE F DEATH?
DEHTUKATI	UVV							/	1	YES 2 NO
										/
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OT	26. PI	LACE OF DEATH	(Check only one)				
1 VES 2 NO	☐ Inpatient 2 ☐ ER/O	utpetient 3 🗆 I	DOA 4	Nursing Non	ne 5 🗌 Realdend	a 8 🗆 Other	(Specify)			
27. MANNER OF DEATH	28a. DATE OF INJUR (Month, Day, Year		b. TIME OF INJURY	28c. IN.	JURY AT ORK?	28d. DESC	RIBE HOW I	NURY OCC	URED	
1 Netural 5 Pending 2 Accident Investigation			, i		YES 2 NO					
3 Suicide 8 Could not be	28e. PLACE OF INJU building, etc. (S)	RY — At home, pecify)	term, street,	factory, offic	a .	28f. LOCAT	TON (Street a	nd Number	or Rural Rout	te Number,
4 Homicide determined										
	AN: To the best of my kno	owledge, death	occurred at t	he lime, date	and place, and d	lue to the caus	e(a) and mar	ner as state	d.	
0/16) 2 MEDICAL EXAMINER:	On the basis of exeminar	tion and/or inves	stigation, in r	ny opinion, c	leath occured at t	the time, date a	nd place, an	d due to the	ceuse(a) a	nd manner ea stated.
296. SHEMATURE AND TITLE OF CERTIFIER					29c. LICENSE N	UMBER		29d. DATE	SIGNED (M	onth, Day, Year)
Merlyn Ver	nunu	1 PH	451C	IAN	D35	791		> 2	122	192
30. NAME AND ADDITIONS OF PERSON WHO	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)									
M VEMURY	HEBR	EW	HOM	UE,	Roc	KUIL	LE	, N	10	٠
31. DATE FILED (Month, Day, Year)	3. BEGISTARIS BIG	SHATT	22							

SECOND L. C. HALL

Y JeMA, LIMET

and the second

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

CERI	
MEDICAL	
PHYSICIAN: 1	
TED BY	

1. DECEDENT'S NAME (First, Middl		eman	**						2. DATE OF E	De		YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SE		8. AGE (In yrs. I	eiste:	7	R 1 YEAR	IF UNDER	24 MPs	Februa				10:30 P PLACE (State or Foreig
235-16-4669		M 2 🔀 F	76	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day Oct.5	(Wear)	5	Country	PLACE (State or Foreig y) .rginia
9a. FACILITY NAME (If not inatitutio					9b, CIT	Y, TOWN	OR LOCATIO	ON OF DE		171		W . V I	
Potomac Valle			nter			ockv						tgom	
RESIDENCE OF DECEDE													
	COUNTY			10c, CIT		OR LOCAT							10d. INSIDE CITY LIMITS?
Maryland 100. STREET AND NUMBER	Montgo	mery			Roc	ckvil							1X YES 2 NO
860 Azalea I) m i ***					101	ZIP CODE						HAT COUNTRY?
11. MARITAL STATUS			EVER IN U.S. A				208						States
1 Never Married 2 Marrie	ed FC		YES 2 X		13.	If yes, sp	ecity Cuba	n, Mexica	IIC ORIGIN? (Sp ri, Puerto Ricari	ecify Yes	or No-	Black	- American Indian, White, etc.
3√-Widowed 4 □ Divorced						1 100	2 63 110	Specify	<i>/</i> .			Specif	White
15. DECEDENT (Specify only highe	T'S EDUCATION	ted)	1 1	ECEOENT'S	work done	charles me	ON	a	16b, KIN	OF BUS	SINESS/IND	USTRY	
Elementary/Secondary (0-12)		ge (1-4 or 5+)	li.	esear	se retired.))			Na	tion	al I	nsti	tutes
12				minis							lealt!	h	
17. FATHER'S NAME (First, Middle, I Duwane Batema									ME (First, Middle		Sumame)		
									ica Me				
Paul E. Keiste	•								Route Number, C				
20a. METHOD OF DISPOSITION	-T							t, S	terlin				22170
©CBurlal 2 ☐ Cremation 3 4 ☐ Donation 5 ☐ Other (Speci		om State	cemetery, c	rematory or o	ther place)		2 /22	OATE		CATION —	-	*
21. SIGNATURE OF FUNERAL SER	*/		Ft. L	TUCOT				2/22					Maryland
0.	11			м0019	Ro	bert	A.	Pump	hrey F	uner	al H	ome/1	Rockville
23. PART I. Enter the disease	* Ja	noch			1	COCKV	TITE	, Ma	ryland	- 20	850-	2805	1110
Sequentistly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	{ ·_	Chro	DR AS A CONSI	Struc EQUENCE O	tive	Pul	mona	ry E	mphyse	ma			20 year
PART II. Other significent co	nditions cont	ributing to d	leeth but not	resulting	in the u	nderlying	g ceuse g	lven In		WAS AN PERFOR			WERE AUTOPSY FINDS AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MED EXAMINER?						26. PL	ACE OF DE	EATH (Ch	ock only one)				
1 YES 2 XNO		PITAL:	ER/Outpatient	3 DOA	OTHE		• 5 🗆 Re	sidence	6 Other (Spe	icify)			
27. MANNER OF DEATH		6a. DATE OF II (Month, Day		28b. TtM		28c. INJ			28d. DESCRIB		NJURY OCC	URED	
1 Netural 5 Pendir 2 Accident Investi				1 "	M		rES 2	NO					
3 Suicide 6 Could 4 Homicide detarm	1101 04	8a. PLACE OF building, et	INJURY — At h	ome, farm,	street, fec	etory, office			28f. LOCATION City or Tox	(Street a	nd Number	or Rural R	oute Number,
29a. CERTIFIER (Check only	3 PHYSICIAN: TO XAMINER: On th							ed at the	time, data and		d due to th	a cause(a)	and menner as state
Arbe. H	1100	221							DER				(Month, Day, Year) ry 20,199
30. NAME AND ADDRESS OF PERS	ON WHO COMP	LETEO CAUSE	OF DEATH (ITI	EM 27) (Type	Print)		D069	945			- 1.6	or ud.	Ly 20,193
						l. Ro	ckvi	116	Mary1	and	2085	1	
Robert C. Macc	13	EGISTRAE	SIGNATION	A STA	2.040	-, 100	CAVI	,	iidi yi	- III	2000	_	
FFR 24 '92	19	Will the state	-	•									
FED CT JE			-										OHMH-16 Re

REGISTRAR		CE				DEATH		REG. I	ENE		
1. DECEDENT'S NAME (First, Middle, Las	o AKA	ALICE W	-			DEATH	2. DA	TE OF DEATH			3. TIME OF DEATH
ALICE KELLER				JULIK			FE	B T	9 1	992	7:55 P
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS.	7. DAT	E OF BIRTH			IPLACE (State or Foreign
172-26-5177	1 🗌 M 2 🖵 F	84	YRS.	MONTHS	DAYS	HOURS MIN.	(Mo	onth, Day, Year,	1007	Count	n/)
9a. FACILITY NAME (If not institution, give	street and number)			9b, CITY.	TOWN	OR LOCATION OF		3. 29,		INTY OF D	NNSYLVANIA
MONTGOMERY G RESIDENCE OF DECEDENT 100. STATE 10b. COUI MARYLAND MONT		HOSPITA	L		OLN					TGON	
10s. STATE 10b. COUR	(TY		10c. CIT	Y, TOWN O	R LOCA	TION					10d. INSIDE CITY
MARYLAND MON'	GOMERY			SILVE	R S	PRING					LIMITS?
10e. STREET AND NUMBER						. ZIP CODE			100 CI	IZEN OF 1	1 YES 2 NO
15121 GLADE DE	RIVE, #1-0	,				2090	5		log. cit	USA	
100. STREET AND NUMBER 15121 GLADE DE		T EVER IN U.S. ARI	MED	13. W	AS DEC	ENDENT OF HISP		Washing Charles	Van as Na		E — American Indian,
3 XWidowed 4 Divorced	FORCES? 1	YES 2X N	0	- 11	yes, sp	ecify Cuban, Maxi 2 ANO Spec	can, Puarte	o Rican, etc.)	142 OF NO-	Blac	k, White, etc.
15. DECEDENT'S EL	DUCATION	16a, DE	CEDENT'S	USUAL OC	CUPATION	ON	10	8b. KIND OF I	RI ISINESS/IN	DUSTRY	
(Specify only highest gra	de completed) Collega (1-4 or 5 -	(G/	ve kind of a Do NOT us	work done di	uring mo	st of working		out thing of t	003114E33/114	DOSTRI	
12			MEMA	KER							
Elementary/Secondary (0-12) 12 17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S N	AME (First	Addedda Main		_	
	WALCK					CLARA				CD	
19a. INFORMANT'S NAME (Type/Print)		104	MARINO	ADDRESS	(0	and Number or Plure			RSING		
	MPRFII (D	ALICHTED	151	21 0	(Street I	TO TITE	JL 1	mber, City or 1	own, State, Zi	p Code)	
ELIZABETH K. CA	air DELL (D										
1X Burial 2 Cremation 3 Ra 4 Donation 5 Other (Specify)	moval from Stata	20b. PLACE A cemetery, crer ST.	natory or o	ther place)	TION (Na	nme of	1		LOCATION —		
21. SIGNATURE OF FUNERAL SERVICE	course M	ST.	JOHN	S CEI	MET.	ERY	2/2		T. JOI	HN'S,	PA
1 // //	1/4	-/	_	22 N	RAN	ADDRESS OF	OLL I	NS FU	NERAL	HOME	INC.
Xeel 2	· Com	1		50	00 1	JNIVERSI	TY B	LVD.,	W., S	SIL.	SP., MD 209
23 PART Enter the diseases, o shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	-Liet Offiny Office Cou	ee on eech line.								reat,	Approximate Interval Between Onset and Death Mm 44
Sequentially list conditions,	Conservant Death Conservant Death Conservant Death Due to (or as a consequence of): Conservant Death Due to (or as a consequence of): Conservant Death Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):										
if any, leading to immediate cause. Enter UNDERLYING	DUE TO	ION AS A CONSEC	DENCE OF):							Mentle
CAUSE (Disease or Injury	c. /Z	eccal -									nemu
that initiated events resulting in deeth) LAST	d	GOR AS A CONSECUTION OF A	mence of	al l	the	al Fe	ml	afen)		your
PART ii. Other significent condition	ons contributing to	deeth but not re	eultino i	n the und	le rivine	onune gluen le	Dort I	I ac una		- I	17
PART II. Other significent condition Dealers			outing i	ri the dila	or ly iriq	Cease Alveil II	ranti.		AN AUTOPSY ORMED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
	101-01-1	-			_			1 TYES	2 -40		COMPLETION OF CAUSE OF DEATH?
- my norm	otel nem	20									1 TYES 2 THO
typova	Name									-1	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:		ACE OF DEATH (C	heck only o	one)			
1 VES 2 NO	1 Ohipatient 2	ER/Outpetlant 3	DOA			5 🗆 Rasidenca	6 🗆 Oth	er (Specify)			
27. MANNER OF DEATH	28a. DATE OF (Month, Da		28b. TIMI		8c. INJ	URY AT	28d. DE	SCRIBE HOV	INJURY OC	CURED	
1 Natural 5 Pending 2 Accident Investigation				М	1 🗆 1		1				
3 Suicide 6 Could not be determined	28e. PLACE Of building,	F INJURY — At honatc. (Specify)	ne, ferm, e	freet, factor	y, office		261. LO C/h	CATION (Street or Town, Sta	et and Number (e)	or Rural R	oute Number,
29a. CERTIFIER (Check only one)	SICIAN: To the best of	my knowledge, das	th occurre	d at the tim	e, data	and place, and du	e to the co	nuee(s) and m	anner as stat	led,	
2 MEDICAL EXAMIN	IER: On the beals of ax	amination and/or in	veatigation	n, In my opi	nion, d	eath occured at th	e time, det	and placa,	and due to th	e cause(s)	and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFI	ER					29c. LICENSE NU	MBER 3		29d. DAT	E SIGNED	(Month, Day, Year)
Willes 1	10					230	418		1 > /	/201	190
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUS	E OF DEATH (ITEM	27) (Туре,	Print)		1/ "	2	4	-	1	
31. DATE FILED (Month, Day, Year)	KAS 3:	205 N.L	cesu	ens b	unl	d Blod	Jet .	vei -	prin	7 de	126406
FFR 2 1 1992	FINE VOICE	the purpose									

	1 - FOR STATE REGISTRAR		RYLAND	/ DEPAR ERTIFI	CATE	F HEALTH AND OF DEATH	MENTAL HYGIE REG. N				
	1. DECEDENT'S NAME (First, Middle, Last MARTHA Y	n Martha	larie.	Kabou:	rek		2. DATE OF DEATH MONTH	PAY	YEAR 2	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 507-12-2106 9a. FACILITY NAME (If not institution, give	1 □ M 2 💢 F	AGE (In yrs. Ia			HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Jan 10	Neb	raska		
TOR	Holy Cross Hospi					er Spring	DEATH		tgome		
DIRECTOR	Virginia Fair				exand					10d. INSIDE CITY LIMITS? 1 YES 2 X NO	
ERAL	100. STREET AND NUMBER 8719 Bluedale St	reet				101. ZIP CODE 22308		10g. CITI		HAT COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 IF YES, GIVE WAR (YES 2	RMED NO	If ye	DECENDENT OF HISPA	ANIC ORIGIN? (Specify Year, Puerte Rican, etc.)	es or No—	14. RACE Black, Specify	- American Indian, White, atc.	
COMPLETED	15. DECEDENT'S ED (Specify only highest grace (Specify only highest grace (9-12) 1 2	UCATION fe completed) College (1-4 or 5+)	We We	Secre	retired.)	PATION g most of working	16b. KIND OF B			astan	
BE COM	17. FATHER'S NAME (First, Middle, Last) James Kabourek						Privat AME (First, Middle, Maide es Tomes				
IO	19a. INFORMANT'S NAME (Type/Print) Thomas Nicholson 20a. METHOD OF DISPOSITION		R	oute	1, Bo	eet and Number or Rural C 273D Hu	Route Number, City or To Ighesville	MD	2063		
	1 N Buriet 2 Cremetion 3 Ret 4 Donatton 5 Other (Specify)		cemetery on Ceda	and date of emetory or oth			2/18 Sui	ocation — o			
	Folia	E Day.	4		Der Ale	maine Fune exandria.	ral Homes	2314			
	23. PART V Enter tha diseases, or shock, or heert failura IMMEDIATE CAUSE (Final disease or condition resulting in death)	. List Only Ona Cause C	on saich und				CLRRES		est,	Approximate interval Setw Onset and De	
RIFICALION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST	c. OUE TO (OR	BROV AS A CONSE	OUENCE OF	ak a	cuident	, SEPSis			24 H	
CAL CE	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? AMILIARIE PRIOR TO TO THE PROPRIED?										
MEDI							PERFO		0	IVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
FILISICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:										
ST LUIS	1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJU (Month, Day, Ye	RY		OF 28c	Home 5 Residence INJURY AT WORK? YES 2 NO	8 Other (Specify) 28d. OESCRIBE HOW	INJURY OCC	UREO		
	2 Se. PLACE OF INJURY — At home, farm, street, factory, offica 4 Homicide 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Yourn, State)										
COMPLE	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of aximination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated.										
	286. SIGNATURE AND TITLE OF CERTIFIE	17 0				29c. LICENSE NU		29d. DATE	SIGNEO (A	Month, Day, Year)	
	SIL HAME AND ADDRESS OF PERSON WE	IMO SIR	GER	M 27) (Type, F	7325	Hanne	ER Pliny	.91	cent	Red My	
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S S									

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(1
BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunlat-transit permit common after death with the State Dept. of Health and Mental Hygiene prior to bunlat, cremation, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f nours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO THE FUNERAL OF TO THE FUNERAL D be filed within 72 ho

CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3 TIME OF DEATH 50A .. MARILYN 2 4. SOCIAL SECURITY NUMBER 5. SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 1 | M 2 | F YRS. 578-36-2912 61 2-11-1931 New York 9a. FACILITY NAME (if not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Holy Cross Hospital Silver Spring Montgomery DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Burtonsville Montgomery 1X YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 15716 Allnutt Lane 20866 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puarto Rican, etc.)
1 ☐ YES 2 ☑ NO Specify: 1 Never Married 2 Narried SpecMy:White B 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 1 - 121 year Homemaker At Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Irving Solomon Pauline Himmel BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 15716 Allnutt Lane, Burtonsville, Md. Sylvan Kaye 20866 20s. METHOD OF DISPOSITION
1 ◯ XBurlel 2 □ Cremetton 3 □ Removal from State*
4 □ Donation 8 □ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE cometery, crematory or other place)
Union Cemetery 2-19-92 Burtonsville, Md. 21. SIGNATURE OF FUNERAL BERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Hines/Rinaldi Funeral Home US.AL 11800 N.H. Ave., Silver Spring, Md. 20904 23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiretory errest, shock, or heart fellure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Finel Onset end Deeth disease or condition resulting in death) DUE-TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 34s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL MAILABLE PRIOR TO COMPLETION OF CAUSE I WES 2 P NO OF DEATH? 1 TYES 2 THO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 36. PLACE OF DEATH (Check innly OTHER: 1 YES 2 HO 1. Impatient 2 | ERVOutpatient 3 | DOA ng Home S 🗆 Residence 6 🗆 Other (Specify) 4 D M 28s. DATE OF INJURY (Mineth, Day, New) 27, MANNER OF DEATH 26c. INJURY AT WORK? 386. TIME OF 284. DESCRIBE HOW INJURY OCCURED Natural S. 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suitcide 28f. LOCATION (Street and Number or Rurel Room Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide CERTIFIER (Check only one)

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piace, and due to the cause(s) and manner as stated.

Description one) nation and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CHITTLES BE 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Kensingto. aiser orma nen 31. DATE FILED (Month, Day, Year)
FFB 20 '92 32. AEGISTRAN'S SIGNATURE

2

Side Francisco

must be notified at once.

	xaminer
ter death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	is marked, or item 23 shows any injury, or other traumatic event, the medical examiner
ation.	the
al, crem	event
to buris	matic
prior :	r trau
Aygiene	r othe
Mental	njury, o
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of Heaf	hows
Dept.	23 \$
State	Titem.
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Last) HATTIE MAE LAYFIELD		1	AYFIE	id	2. DATE OF DEATH MONTH	DAY Y	23. TIME OF DEATH	
BE COMPLETED BY FUNERAL DIRECTOR	4. SOCIAL SECURITY NUMBER 221-03-8974	1 🗆 M 2 💢 F 81	In yrs. last birthday YRS.		EAR IF UNDER 24 HRS. AYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 7-4-1910	8.	BIRTHPLACE (State or Foreign Country) De .	
	99. FACILITY NAME (If not institution, give street and number) PENINSULA GENERAL HOSPITAL			96. CITY, TOWN OR LOCATION OF DEATH SALISBURY 9c. COUNTY OF DEATH WICOMIC			Y OF DEATH		
	100. STATE 100. COUNTY De. Sussex			10c. CITY, TOWN OR LOCATION Delmar				10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
	100. STREET AND NUMBER 808 E. Grove St.				101. ZIP CODE 19940		10g. CITIZEN OF WHAT COUNTRY? USA		
	11. MARITAL STATUS 1 Never Merried 2 Merried 1 Never Merried 2 Merried 1 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 WIF YES, GIVE WAR OR DATES			RMED 13. WAS DECEMBENT OF HISPANIC ORIGINS (Seconds, Voc					
	Elementary/Secondary (0-12) College (1-4 or 5+)			ECEDENT'S USUAL OCCUPATION Give kind of work done during most of working to Do NOT use retreat.) Omemaker			1 WILLE 16b. KING OF BUSINESS/INDUSTRY Home		
	17. FATHER'S NAME (First, Middle, Last) George Jones				18. MOTNER'S NAME (First, Middle, Meiden Surneme) Edna Mae Parsons Jones				
10	190. INFORMANT'S NAME (Type/Print)				NESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Grove St. Delmar, De. 19940				
	209. METNOD OF DISPOSITION 1A. Burlet 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of Capacity, crematory or other place) Capacity, crematory or other place) St. Stephens Cemetery 20c. LOCATION — City or Town, State 2-23 Delmar, De.								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Short Funeral Home, Inc. P.O. Box 204 Delmar, De. 19940								
AL CERTIFICATION	23. PART I. Enter the diseaseas or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, above, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition reaulting in deeth) Put To (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):								
	that initiated events resulting in death) LAST d. PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS								
PHYSICIAN: MEDICA					ying course given in		PRMED?	246. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
SICIAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 In inpution 2 PR/Outpution 3 DOA 4 Number 5 Residence 6 Other (Specific)								
PHY	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. T/A		Nome 5 Residence INJURY AT WORK?	6 Other (Specify) 28d. DESCRIBE NOW	INJURY OCCUR	ED	
à	1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide e Could not be determined determined		- At home, term,	M 1 YES 2 NO		28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the beet of examination end/or investigation, in my opinion, death occurred at the time, date end piece, and due to the cause(e) and menner ee stated.								
TO BE CO	206. SIGNATURE AND TITLE OF CONTINIEN MILES					DYS 207		29d. DATE SIGNED (Month, Dey, Year) 2/20/9/2	
	JULIN M LEAN MI). 560 River.	side D.		SALISHU	my Md.	2180,		
0	31. DATE FILED (Month, Day, 16ar)	32. BEGISTRAR'S STOVA	bea.			7			

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transformer. Pages 1, be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT. If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	RTIF	ICATE O	F DEAT	ГН	F	REG. NO.	_		
	1. DECEDENT'S NAME (First, Middle, Last) MARY	LOUISE		ANKF				2. DATE OF MONTH 2-2(DEATH DA		YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 213-38-9448	5. SEX	6. AGE (In yrs. les	t birthday) YRS.	IF UNDER 1 YEAR MONTHS DAY		24 HRS. MIN.	7. DATE OF ((Month, De	BIRTH		Counti	IPLACE (State or Foreign 77) ITUS, MD.
DIRECTOR	98. FACILITY NAME (If not institution, give 1418 MT HERMON RESIDENCE OF DECEDENT			9b. CITY, TOWN OR LOCATION OF DI SALISBURY			ON OF DE	ATH			WICO	EATH
REC	10a. STATE 10b. COUNT			10c. CIT	Y, TOWN OR LO	CATION						10d. INSIDE CITY LIMITS?
LD	MD WI(COMICO		S	ALISBUE	Y 101, ZIP CODE						1 X YES 2 NO
FUNERAL	1418 MT. HERMON	N RD.				2180					S.A.	WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Widoword	ver Married 2 Married FORCES? 1 YES 24				ECENDENT Of apocify Cubar ES 2	n, Maxica	IIC ORIGIN? (S n, Puarto Ricei	pecify Yea n, atc.)	or No—		E — American Indian, k, Whita, atc.
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondery (0-12) 12 years	College (1-4 or 5+) 2 years) (Gi	ve kind of a Do NOT us	USUAL OCCUPA work done during se retired.) P. INS	most of workin			OF BUS		DUSTRY	
O N	17. FATHER'S NAME (First, Middle, Last)	- years	1100	v	.1. 1110			ME (First, Middl				
BE	GEORGE RAPP							WASSIL				
2	BRIAN LANKFORD				BOX 9			BURY,		n, State, Zi	p Code)	
	20a. METHOD OF DISPOSITION 1 Burial 2 A Cremation 3 Ren 4 Danetion e Other (Specify)	noval from State	20b. PLACEA cemetery, cref SAL I	ND DATE	OF DISPOSITION ther place) Y CREMA	Name of		OATE	20c. LO		City or To	
	21. SIGNATURE OF FUNE HAL SERVICE LI	CENSEE/	al.		HOL	ANO ADDRES	FUN	ERAL H	OME			MD. 21801
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thei Initiated events resulting in death) LAST Onset and Death Onset and Death Onset and Death Out To (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
DICAL CE	PART II. Other significant conditions contributing to deeth but not recuiting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY FINDINGS PERFORMED? AMALABLE PRIOR TO											
PHYSICIAN: MEDIC								_ 10	YES 2	(1-HO		COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				PLACE OF DE	ATH (Che	ck only one)				
is	1 VES 2 NO	1 Inpetiant 2			OTHER:		idenca (
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day	y, Year)		M 1	VES 2	NO	28d. OESCRIE	BE HOW IN	JURY OC	CURED	
	3 Suicide 6 Could not be determined	26e. PLACE OF building, a	INJURY — At honite. (Specify)	ne, farm, s	treet, factory, of	lce		26f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				loute Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS 2 MEDICAL EXAMINE	ICIAN: To the best of n	my knowledge, dea emination end/or in	ith occurre	d at the time, do	te and placa, death occurs	and dua t	to the cause(a)) and man	ner as sta I due to th	led. Te cause(s)	end menner ea stated.
TO BE	206. SIGNATURE AND TITLE OF CERTIFIE	land, u	1.D.			29c. LICE	NSE NUM	BER 5	85	29d. DAT	1 -	(Month, Pay, Year)
	30. NAME AND AGORESS OF PERSON WH				Print) 1 L FOR	0 5	(SALI	SB	URC	4	40
7	31. DATE FIFE 2 1 1992		S SIGNATURE	her						- 4	4	

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X 68760, BALTIMORE, MARYLAND 21215-00	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burdal, cremation, or removal.	amatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fired within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burfal, cremation, or removal,	IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - FOR STATE REGISTRAR	STATE OF M	ARYLAND / DEPART	MENT OF H		MENTAL HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, M	iddle, Last) Carr	oll Earl Loh			2. DATE OF DEATH		3. TIME OF DEATH
Carroll	3	Lohs	_		MONTH DAY	Y YEAR 92	0,40 M
4. SOCIAL SECURITY NUMBER	5. SEX		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	0. BIRT	HPLACE (State of Foreign
218-30-9804	1 🔀 M 2 🗆 F	83 YRS.	NONTHS DAYS	HOURS MIN.	June 4, 19	908 Hage	rstown, Md.
9e. FACILITY NAME (If not instit	rution, give street and number)		DE. CITY, TOWN O	R LOCATION OF DE	ATH	9c. COUNTY OF	DEATH
Washington (County Hospita	1	Hag	erstown		Washin	gton
10e. STATE 10	Ob. COUNTY	10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?
Maryland 100. STREET AND NUMBER	Washington	На	gerstown	ZIP CODE		10a CITIZEN OF	1 X YES 2 NO
819 Frederic	k Street			21740		U.S	
11. MARITAL STATUS	conorne . [EVER IN U.S. ARMED YES 2 NO			C ORIGIN? (Specify Yes , Puerto Rican, etc.)		E — American Indian, ck, White, atc.
1 Never Married 2 Me 3 Wildowed 4 Divorce	IF VES GIVE WE			2 NO Specify:		Spe	White
15. DECED (Specify only hi	ENT'S EDUCATION ighest grade completed)	16a. DECEDENT'S US	SUAL OCCUPATIO		16b. KIND OF BUS		
Elementary/Secondary (0-12		life. Do NOT use	retired.)	-			
6		Owner/	Operato:	r	Produce	e Compan	У
17. FATHER'S NAME (First, Midd					NE (First, Middle, Maiden S		
Chester T. I					ice E. Wol		
19e. INFORMANT'S NAME (Type	VPrint)				oute Number, City or Town		01707
Steve Lohr					ikstown, Ma		
1 Donation 5 Other (Sc	3 Removal from State	20b. PLACE AND DATE OF cometery, crematory or other Rose Hill	er place)			ATION — City or T	Maryland
21. SIGNATURE OF FUNERAL S	ERVICE LICENSEE	T ROOF HILL	22. NAME AN	D ADDRESS OF FAC	Minnich	Funeral	Home
Orale	AB Pan	ki					Md. 21740
23. PART I. Enter the dise shock, or heel IMMEDIATE CAUSE (Final disease or condition resulting in death)	· Cec	caused the deeth. Do not e on each line.	t anter the mod	da of dying, auch	ae cardiac or reapir	atory arreat,	Approximate Interval Between Onset and Death
Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	to DUE TO	OR AS A CONSEQUENCE OF):	ac 2	Cada	tion	- Nig	Contract of the Contract of th
PART II. Other algorificant	conditions contributing to constituting the constitution of the constitution o	laeth but not resulting in	the underlying	ceuse given in F	Part I. 24a. WAS AN / PERFORM 1 YES 2	WED?	. WERE AUTOPSY FINDINGS AMARABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO N EXAMINER?				ACE OF DEATH (Chec	ck only one)		
1 U YES 2 NO	HOSPITAL: 1 Inpatient 2		OTHER:	5 - Residence 6	Other (Specify)		
27. MANNER OF DEATH 1 Natural 5 Per	28e. DATE OF II (Month, Day		NO WOL	RK?	28d. OEŞCRIBE HOW IN	JURY OCCURED	
T - recident	estigation 284 PLACE OF	INJURY — At home, farm, stre		ES 2 NO			
	uld not be ermined building, e	te. (Specify)	est, factory, office		28t. LOCATION (Street ar City or Town, State)	nd Number or Hural	Houte Number,
	/ING PHYSICIAN: To the best of n L EXAMINER: On the beels of ex						e) end manner ea stated.
29b. SIGNATURE AND TITLE OF		, .		29c. LICENSE NUM			O (Month, Day, Year)
	XIn	1mi		DIX	127	1 2/2	7/83
30. NAME AND ADDRESS OF P	ERSON WHO COMPLETED CAUSE	OF DEATH (ITEM 27) (Type, P	rint)	SA Ha	menustor.	r 111	121740
31. DATE FILED (Month, Day, Year MAR O		'S SIGNATURE	111 6	211 /14	71	- pur	-1/1-0
NUNE D	7 1997 7.7.1	To - do - me		v			

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burial-transit permit. Pages 1, 2, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

_ STATE	STATE OF MARY	YLAND / DEPART									
REGISTRAR 1. DECEDENT'S NAME (First, Middle, L.	ast)	CERTIFIC	ATE OF	DEATH	REG. NO		3. 1	IME OF DEATH			
George !	-rederick	LIMI	nator	1	MONTH 2	AY C	FAB 1	1 15 1			
4. SOCIAL SECURITY NUMBER	100	GE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLAC	E (State or Foreign			
201-03-7321			IONTHS DAYS	HOURS MIN.	Jan 15,	101/	Pennsylvania				
9e. FACILITY NAME (If not institution, g	1 21		9b. CITY, TOWN O	D I OCATION OF			Y OF DEATH				
Holy Cross Hosp:	ital			Spring		Montgomer					
10a. STATE 10b. CO		10c. CITY,	TOWN OR LOCAT	ION							
	ntgomery		Whea ton					YES 2 NO			
10e. STREET AND NUMBER			101.	ZIP CODE		10g. CITIZE	N OF WHAT	COUNTRY?			
11704 Grandview	Avenue			20902		USA					
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	Never Married 2 X Married FORCES? 1 X YES 2			ecify Cuben, Mex	can, Puerto Rican, atc.)						
15. DECEDENT'S	16a, DECEDENT'S U	SUAL OCCUPATION	ON .	16b, KIND OF BI	JSINESS/INDU		Vhite				
(Specify only highest g	grade completed)	(Give kind of wo	irk done during mo-	at of working							
Elementary/Secondary (0-12)	College (1-4 or 5+)	Weapons		t	II C	Govern	nmen +				
17. FATHER'S NAME (First, Middle, Last		T weapons	MIALYS		NAME (First, Middle, Meide		Tillell C				
				100000000000000000000000000000000000000		n sumame)					
<u>Charles W. Ludir</u>	ngton				e W. Elser						
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street e	nd Number or Run	al Route Number, City or To	wn, State, Zip C	(ode)				
Mary R. Ludington 11704 Grandview Ave., Wheaton, MD. 20902 20a. METHOD OF DISPOSITION DATE OF DISPOSITION (Name DATE 20c. LOCATION — City or Town, State											
20a. METHOD OF DISPOSITION	Barrowsi trom Stale	20b. PLACE AND DATE O	OF DISPOSITION	(Name	DATE 20c. L	OCATION — CI	ty or Town,	State			
4 Donation 5 Open Specify	namova trom step	Gate of Hea	aven Ce	metery	2-24-92 Si	lver S	pring	, MD.			
21. SIGNATURE OF PURERAL BERNIC		1	22. NAME AN	D ADDRESS OF	FACILITY			10			
× X4.1.1	Valle				di Funeral						
Mulle	1 Charles				ampshire A						
23. PART I. Enter the diseases, shock, or heart falls	or complications that cau ure. List only one cause o	ised the deeth. Do no in each ilne.	it enter the mo	de of dying, s	uch aa cardiac or ree	piratory arre	st,	Approximate interval Betw			
IMMEDIATE CAUSE (Final	. 00	^						Onset and De			
disease or condition	CACOID	PULMON	ARG	AUI	tes 1						
resulting in death)	DUE TO (OR		:	. ,,-,-							
	- CRA	215									
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Sequentially list conditions,	D. DUE TO (OR)	AS A CONSEQUENCE OF	,	-							
if any, leading to immediate	DUE TO (OR A	AS A CONSEQUENCE OF):	:								
If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury	· LUBUN	MINON		•							
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WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

ONFU, MD

7610 CAPALOLL AVE, # 460

A. REGIS TARYS SIGNATE TO LONG

16	ohysician.	burial-transit permit. Pages 1, 2,	
BALTIMORE, MARYLAND 21203-3146	y be retained by the hospital or attending	page 5 should be detached for use as the	be notified at once.
	n ours after death. Page 6 ma	th med in by the funeral director, ation, or removal.	, the medical examiner must
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within jours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely med in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
1	TO THE HOSPITAL	TO THE FUNERAL be filed within 72	IMPORTANT: If

31. DATE FILED (Month, Day, Year)
FFB 24 92

	1 - STATE REGISTRAR	STATE OF MA			ICATE				MENTAL	HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last) GEORBE K	USSELL		-	DSA				2. DATE (OF DEATH	Y .	YEAR 72	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last I		IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE ((Month,	Dey, Year)		a. BIRTH	PLACE (State or Foreign
	577-01-5956 9a. FACILITY NAME (If not institution, give str	1 X M 2 F	85	YRS.				ON OF DE		29, 19			ington, DC
TOR	Medlantic Manor-L						Spri		AIR		9c. COUNTY OF DEATH Montgomery		
DIRECTOR	10a. STATE 10b. COUNTY	e Georges			v, town o								10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	10. STREET AND NUMBER 5804 Annapolis Ro	ad				101	ZIP COD	7 1 0			10g. CITIZ		HAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 X Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES				ll yes, ep	ecify Cubs		n, Puarto R	? (Specify Yea ican, atc.)	or No—		- American Indian, White, atc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		(Gha	e kind of Do NOT u	work done se retired.)	ork done during most of working retired.)					Sale		
OM	17. FATHER'S NAME (First, Middle, Last)			LOIR			18. MOT	HER'S NAI		liddle, Malden			
BE C	-Unknown- Linds	av					Ir	ene	Loma	n		c-w	
10	19a. INFORMANT'S NAME (Type/Print) Lenore Phillips		76	00 0	Georg	ia A	Ave,	NW , #		er, City or Tow Wash			012
	20a. METHOD OF DISPOSITION 1X Burlel 2 Cremation 3 Remo	oval from State	20b. PLACE O other piece	26)					-92		cation — c itlan		
	21. SIGNATURE OF TUNERAL SERVICE LIE	Distri	,							ral H		.,	
	Millio 1	Kenstell	`									er S	pring, MD.
	University Course (Final Conset and Deat										Approximate Interval Between Onset and Death		
z		DUE TO CON AS A CONSEQUENCE OF): Alexy Piccon											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury												
ERTIF	that initieted events resulting in death) LAST	le	AS A CONSECU	UENCE C	Tu	m	N	₹					
MEDICAL C	PART II. Other significant condition	s contributing to de	eath but not re	suiting	In the u	nderlyin	g cause	given in	Part I.	24a. WAS AN PERFOI 1 YES 2	RMED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAM:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	R/Outpetient 3 (□ DOA	OTHE	R:			6 C Other	-			
	27. MANNER OF DEATH 1 Neturet 5 Pending	28s. DATE OF tN (Month, Day,		28b. Til	-	28c. IN.	JURY AT ORK? YES 2			CRIBE HOW	INJURY OCC	CURED	
red BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF I building, etc	NJURY — At horn : (Specify)	ne, farm,	street, fac					ATION (Street or Town, State,		or Rural F	Route Number,
COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE												e) end menner se stated.
	IN THE MANUAL AND TITLE OF CERTIFIER												
TO BE	Meinet	El ws					(D32	81	7	>	7/2	1/92
-	AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (ITEM	27) (Typ	e, Print)					0		/	(

BALTIMORE, MARYLAND 21215-0020	4 hours after death. Page 6 may be retained by the hospital or attending physician	ilied in by the funeral director, page 5 should be detached for use as the burial-trans n, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI	MENT OF H	EALTH AND DEATH	MENTAL HYGIEN						
	1. DECEDENT'S NAME (First, Middle, Last) Helen Somers							3. 1	ME OF DEATH			
	4. SOCIAL SECURITY NUMBER 221-03-0750	1 🗆 @{2}_XF		F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) 9/27/0	8.		E (State or Foreign			
FOR	9a. FACILITY NAME (If not institution, give Union Hospita		91	E1kto	R LOCATION OF (DEATH 9c. COUNTY OF DEATH CCC11						
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT MD	ecil		OWN OR LOCAT					INSIDE CITY LIMITS?			
	10s. STREET AND NUMBER			101	e City		10g. CITIZEN		YES 2 X NO			
FUNERAL	16 Maryland A	12. WAS DECEDENT EVER IN L	J.S. ARMED	13. WAS DEC	21915 ENDENT OF HISPA	NIC ORIGIN? (Specify Ya	SA RACE - A	merican indian,				
BY	1 Never Married 2 Married 3 Never Married 4 Divorced	FORCES? 1 YES	EST	1 YES	an, Puerto Rican, atc.)		Specify: V	Thite				
COMPLETED	15. DECEDENT'S EDU (Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use n	done during mos	N st of working	16b. KIND OF BU						
COMP	17. FATNER'S NAME (First, Middle, Last)		Asst C	ief O	norato 16. MOTHER'S N	T'el	ephon	е				
BE (Leon Somers				Edn	a Taylor						
2	190. INFORMANT'S NAME (Type/Print) Charles E. Mai	rtin	196. MAILING AD	OWlin	nd Number or Aural g Lane	Route Number, City or Tow, Elkton,	n, State, Zip Cod MD	2192	1			
	20a. METHOD OF DISPOSITION 1 G/Burial 2 Cremation 3 Removal from Stata 4 Donalion 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of camelery, crematory or other piecs) Silverbrook Cem 2/24/92 Tatilm DE											
	21. SIGNATURE OF FUNERAL SEMPLE LICENSEE 22. NAME AND ADDRESS OF FACILITY Gee Funeral Home, 259 E. Main st. Elkton, MD 21921											
	23. PART i. Enter the disesses, or shock, or heart failure	complications that csused List only one cause on each	e death. Do not				iratory arrest	. 1	Approximata			
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Large DMCA Infact CVA DE TO (OR AS A CONSEQUENCE OF): 4 -//										
NO	Sequentially list conditions, a ac. Myocarchal Infaction											
FICAT	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury											
CERTIFICATION	that initiated events resulting in desth) LAST	d. C.O.	J. L) .								
Ä	PART II. Other significant condition	ns contributing to death but	not resulting in t	he underlying	cause given in	Part I. 24e. WAS AN PERFOI	RMED?	MED? AVAILABLE PRI				
N.						_		1 🗆	YES 2 NO			
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetiant 2 ER/Outpeti		THER:	S Residence	s Other (Specify)						
	27. MANNER OF DEATN 1 Netural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	F 28c. INJU WOR	IRY AT	28d. DESCRIBE NOW I	NJURY OCCUR	ED				
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28a. PLACE OF INJURY — building, atc. (Specify)	Al home, ferm, stree	28f. LOCATION (Street and City or Town, State)	and Number or R	lural Route I	lumber,					
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYS	CIAN: To the best of my knowled	ga, death occurred at	t the time, date on my opinion, de	and place, and due	to the cause(e) and man	nner as stated,	use(a) and	manner as stated.			
BE	296. SIGNATURE AND TITLE OF CERTIFIE	EL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause of th										
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)											
	30. NAME AND ADDRESS OF PERSON WITH	O COMPLETED CAUSE OF DEATH	N (ITEM 27) (Type, Prin	" " "	2			141	92_			

DHMN-16 Rev 1/89

281, LOCATION (Street and Number or Rural Route Number, City or Town, State)

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Approximete Interval Between

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH?

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 27 Lours at	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or rem	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medic
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	9	has	8	12
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	1 - STATE REGISTRAR	STATE OF MA	RYLAND) / DEPAR CERTIF	ICATE	OF H	DEA	AND	MENTAL HYG REG.				
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEAT	TH	YEAR	3. TIME OF DEATH	
	MABEL LOUISE N	HILLER							FEB 2			5:15PM	
- 8	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs.	. last birthday)	IF UNDER		_	R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPLACE (State or Foreign Country)		
	064265117	1 □ M 2 √2 F	86	YRS.	MONTHS	NTHS DAYS HOURS MIN.		JUNE 12 1905					
	9e. FACILITY NAME (If not institution, give a	treet and number)			9b. CITY, TOWN OR LOCATION OF DEATH					9c. COUNTY OF DEATH			
DIRECTOR	LAURELWOOD NU	RSING HO	ME		ELKTON CECIL								
E E	10e. STATE 10b. COUNT	Υ		19c, CIT	Y, TOWN O	R LOCAT	TION					10d. INSIDE CITY	
ā	MARYLAND CH	CIL		E	LKTON						- 1	YES 2 NO	
4	10+. STREET AND NUMBER				1111111		. ZIP COI	DE		10g. CITIZ	EN OF W	HAT COUNTRY?	
ER	100 LAUREL DRI	VE					219	21		U	SA		
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Never Merried 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 TONO IF YES, GIVE WAR OR DATES					f yes, sp	ecity Cub		NIC ORIGIN? (Speci an, Puerto Rican, et fy:			- American Indian, white, atc.	
8	15. DECEDENT'S EDU	DECEDENT'S	USUAL O	CUPATIO	ON		16b. KIND 0	F BUSINESS/INDU	JSTRY				
COMPLET	Elementary/Secondary (0-12)	(Give kind of the following th					DEE OF WORK	ang					
4	UNKNOWN									HOME			
S S	17. FATHER'S NAME (First, Middle, Last) 16.								6. MOTHER'S NAME (First, Middle, Malden Surname)				
S I	GEORGE TIDD					TENI	TYOH YN						
0	19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route I										Code)		
2	RACHEL PURNER PO BOX 459 CECILTON MD 21913												
	20e. METHOD OF DISPOSITION 20b. PLACE OF DISI									c. LOCATION — C	ity or To	wn, Stata	
	1 Buriel 2 Cremation 3 Rem	or place)	CEMETERY 2-26-92 CHESAPEAK					ZZZ	CTOV N				
- 1	21. SIGNATURE OF FUNERAL SERVICE		22. NAME AND ADDRESS OF FACILITY RT FOARD FUNDERAL HOME 1115. QUEEN ST RISING SUN MO						CIII-				
					RT FUARD FUNERAL MAYE								
	to for				11	15.	Qui	EEN	57	ISING S	UN	MO 21911	
	23. PART I. Enter the diseases, or shock, or heart feilure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one ceuse	on each			the mo	ode of d	ylng, su	ch es cerdiec or	respiratory arre	ost,	Approximate interval Betwo	
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DECLUE AS A CONSEDUENCE OF): DUE TO (OR AS A CONSEDUENCE OF): DUE TO (OR AS A CONSEDUENCE OF):												
CER		d. C.II.	7									İ	
SAL	PART II. Other algnificent condition	na contributing to d	eeth but n	ot resulting	In the ur	derlyin	g cause	given ir	P	AS AN AUTOPSY ERFORMED? (ES 2) NO	24b	WERE AUTOPSY FINDS AMILABLE PRIOR TO COMPLETION OF CAUS OF OEATH?	
MEDIC										•		1 YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL					20.0	ACE OF	DEATH A	heck only one)				
PHYSICIAN:	EXAMINER?	HOSPITAL:	ER/Outpat/er	at 3 🗆 DOA	OTHE	₹:			6 Cher (Specif	M1			
¥	27. MANNER OF DEATH	26e. DATE OF IN		28b, TI		_	JURY AT	remidence		HOW INJURY OCC	URED		
0.	1 Netural 5 Pending	(Month, Day,	Year)	10	JURY M	W	ORK? YES 2	□ ND					

29s. CERTIFIER 1 Check ank 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Fri chil How MA D04823 22/9 30. NAME AND ADDRESS OF PERSON WHD COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Jui-chih 223 west main st. MD

31. DATE FILED (Month, Day, Year) FEB2 4 '92

2 Accident

3 Sulcide

4 Homicide

6 Could not be

COMPLETED BY

TO BE

Karidan Randose

28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

27 171 27

hin 24 hours after death. Page 6 may be retained by the hospi	tely filled in by the funeral director, page 5 should be detached	it, the medical examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosen	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dect. of Health and Merital Hydiene prior to burial, cremation, or namoval.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
TO THE HI	TO THE FL	IMPORTA	1

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIF	TMENT OF I	HEALTH AND	MENTAL HYGIEN		. 004//	
	1. DECEDENT'S NAME (First, Middle, Lest) SAMUEL J.			Mite	hell	2. DATE OF DEATH MONTH DE	AY YI	3. TIME OF DEATH 2 10:14 P.M	
	4. SOCIAL SECURITY NUMBER 221-03-1146	1 <u>1</u> M 2 □ F 80	(In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 11-5-1911	8.	BIRTHPLACE (State or Foreign Country) De •	
TOR	90. FACILITY NAME (If not institution, give PENINSULA GENE RESIDENCE OF DECEDENT				ALISBURY	EATH	9c. COUNTY	OF DEATH COMICO	
DIRECTOR		comico		v, town on Loca 1mar	TION	-		10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
FUNERAL	100. STREET AND NUMBER 509 E. Chestnut			10	21875		10g. CITIZEN USA	OF WHAT COUNTRY?	
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 X NO	If yes, sp	ENOENT OF HISPA ecify Cuber, Mexico 2 X NO Specifi	NIC ORIGIN? (Specify Yes an, Puerto Rican, atc.) y:		RACE — American Indian, Black, White, etc. Specify: White	
COMPLETED	15. OECEDENT'S EDL (Specify only highest grade Elementery/Secondary (0-12)	JCATION to completed) College (1-4 or 5+)	18e. DECEOENT'S (Give kind of white. Do NOT us) Town Ma	vork done during mo e retired.)	ON ist of working	Town of	SINESS/INDUST	RY	
BE CON	17. FATHER'S NAME (First, Middle, Lest) James W. Mitchel	L1				ME (First, Middle, Malden Boyce Mitc			
10	190. INFORMANT'S NAME (Type/Print) Mary S. Mitchell		19b. MAILING 509 E	ADDRESS (Street a	and Number or Rural	Route Number, City or Town Delmar, Md.	21875	ie)	
	20a. METHOD OF DISPOSITION \[\text{V} \] Burlel 2 \[\text{Cremetton 3} \] Removal from State 4 \[\text{Donetton 5} \] Other (Specify) \] 20b. PLACE AND DATE OF DISPOSITION (Name of camelery, crematory or, other place) St. Stephens Cem. Park 21. SIGNATURE OF FUNERAL SERVICE LICENSEE								
	Short Funeral Home, Inc. P.O. Box 204 Delmar, De. 19940								
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, interval Between Onset and Death Approximate interval Between Onset and Death Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST OUE TO (OR AS A CONSEQUENCE OF):								
PHYSICIAN: MEDICAL CI	PART II. Other significant condition	na contributing to death to	but not resulting li	n the underlying	g cause given in	Part I. 24a, WAS AN / PERFORI	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (Ch				
ву РНУ	27. MANNER OF DEATH 1 Natural 5 Pending	28e. OATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJI	JRY AT	8 Other (Specify) 28d. OEŞCRIBE HOW IN	JURY OCCURE	D	
- 1	2 Accident investigation 3 Suicide 8 Could not be 4 Homicide determined	dent investigation m 1 YES 2 NO 28e. PLACE OF INJURY — At home, term, street, factory, office 28t. LOCATION (Street and Number or Rural Ro							
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	ICIAN: To the best of my know	viedge, death occurred	d at the time, date	end place, end due	to the cause(a) and mani	ner ee atated.	use(s) end manner ea stated.	
TO BE C	296. SIGNATORE AND LITTLE OF CENTIFIE	Zalm.	0		29c. LICENSE NUN			NED (Moghn, Day, Year)	
	Eddie VULAZ	COMPLETED CAUSE OF DE	. / . /	is buz	L Meda	ten,	RIE	BuryHO	
10	FEB 2.5 1992	32. REGISTRAR'S SIGN	ATURE	1			1	7	

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I	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	
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must be notified at once.	TO BE COMPLETI
unique event, the menical examiner	NOIL
y, or other nat	CERTIFICAL

1 - FOR STATE REGISTRAR		STATE OF MAR	YLAND /	DEPART	MENT OF I	HEALTH AND	MENT	AL HYGIENI	E		
1. DECEDENT'S NAME (First	, Middle, Last)			MAS	ARSKY		2. DA	TE OF DEATH2	20-93	,	3. TIME OF DEATN
HARRY	NAT	HANIEL		1	MASARS	sku	MO	2/2 20	2 19	92	0600 M
4. SOCIAL SECURITY NUMBE 103-03-383 103-03-3	6	6. A	GE (In yrs. las	t birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	(Ma	TE OF BIRTH onth, Day, Year) 29-09		8. BIRTH	PLACE (State or Foreign ORK, N.Y.
9a. FACILITY NAME (If not in	stitution, give stree	et and number) L HOSPITAL		,		, TOWN OR LOCATION OF DEATH SALISBURY 9c. COUNTY OF DEATH WICOMICO					
RESIDENCE OF DEC											
MD .	WICOM	IICO			ISBURY						10d. INSIDE CITY LIMITS? 1 XYES 2 NO
\$L% WICOMI	CO STRE	ET			10	109. ZIP CODE 109. CITIZEN OF WHAT COUNTRY? U.S.A.					
11. MARITAL STATUS 1 Never Married 2 2 3 Widowed 4 Divo	If yes, sp	CENDENT OF HISPA secify Cuben, Maxic 3 2 X MO Speci	an, Puert	GIN? (Specify Yes o Rican, atc.)		I4. RACE Black, Specifi	- American Indian, Whita, atc.				
15. DEC	EDENT'S EDUCAT	TION moleted)	16a. DE	CEDENT'S U	SUAL OCCUPATION No.	ON	10	6b. KIND OF BUSI	NESS/INDU		
Elamentary/Secondary (0		College (1-4 or 5+) 2 yrs.	life.	TRUCT	retired.)	ost or working		FOOD	SERV	TCE	
17. FATHER'S NAME (First, Mi	iddle, Last)					18. MOTHER'S N.	AME (First	, Middle, Maiden S		100	
SAMUEL MAS			Lon	MAN INC. A		DOR	A RO	FFMAN M	ASARS		
SYLVIA ROD	A MACHS	ON MASARSK	XY Y	415 W	ICOMICO	O STREET		mber, City or Town, LISBURY			1801
20a METNOD OF DISPOSITI 1 Paurial 2 Crematio 4 Denation 5 Other	n 3 🗆 Remove		cemetery, crei	matory or othe	DISPOSITION (Ne place) AEL CEN		1		ATION — C		
21. SIGNATURE OF FUNERIAL	SERVICE LICEN	2012		и трк	22. NAME AI HOLI	NO ADDRESS OF FA LOWAY FU	NERA	L HOME	LISBU		
23. PART I. Enter the di ahock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in death)	sait landle. Lis	DUE TO (OR A	lac	4	Rece		ch as ca	rdiac or reapin	etory arre	st,	Approximate interval Between Onset and Death
Sequentially list conditi- if smy, leading to immed cause. Enter UNDERLYII CAUSE (Disease or inju- that initiated events resulting in death) LAST	flate NG ry c	OUE TO (OR A:									
PART II. Other significan	nt conditions o	contributing to death	but not re	sulting in	the underlying	g cause given in	Part i.	24s. WAS AN A PERFORM	IED?		VERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?
											YES 2 NO
25. WAS CASE REFERRED TO	MEDICAL				26 Pt	ACE OF DEATH (Ch	nok ook	ngel			
EXAMINER?		IOSPITAL:	etmetle - 1		THER:						
27. MANNER OF DEATH		28a. DATE OF INJUR		28b. TIME C		e 5 Rasidenca	_				
	Pending nvestigation	(Month, Day, Year	r)	INJUR	Y M 1 □ 1	RK? /ES 2 NO	28d. DE	EŞCRIBE NOW IN.	JURY OCCU	RED	
	Could not be letermined	28e. PLACE OF INJU building, atc. (S)	RY — At hon pecify)	ne, ferm, stre	e1, factory, office		2af. LO City	CATION (Street and y or Town, State)	d Number or	Runal Ro	ute Number,
29e. CERTIFIER (Check only one) 1 CERTI	FYING PNYSICIA	N: To the best of my knoon the basis of examinat	owledge, dea	th occurred i	it the time, data in my opinion, d	and place, and dua	to the ce	euse(a) and mann la and place, and	er as stated	cause(a)	and manner as stated.
29b. SIGNATURE AND TITLE		w				29c. LICENSE NUI	MBER				North, Day, Year)
JELCREU G	PERSON WHO C		DEATH (ITEM	27) (Type, Pri	(O)	3101 SM	1/-/		4 -2	i fin	
31. DATE FILEO PRETIBONO	1 1992	galona	MATHRE A	make	Ja, Ph	10/ 0/	1150	May 11/6	/. 4	00/	

and the State

-11 11 1882 June 1944

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Tiburs after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transi	within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. Cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPI	TO THE FUNER	be filed within	IMPORTANT:

31. DATE FILED (Month, Day, Year)
FFR 2 5 '92

	FOR	STATE OF MARYLAN	D / DEPAI	RTMEN	IT OF H	IEALTH /	AND MEI	ITAL HYGIEN		2	06479	
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Lest) Darrell L		CERTIF	ICAT	E OF	DEAT	H 2.	REG. NO		YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 217-26-7490	5. SEX 6. AGE (In yrs 66	s. last birthday) YRS.	IF UND	ER 1 YEAR DAYS	IF UNDER 2	24 HRS. 7. E	Month, Day, Mari		8. BIRTHPLACE (State or Foreign Country) Maryland		
TOR	90. FACILITY NAME (If not institution, give stre 18 Village R RESIDENCE OF DECEDENT			9b. CIT		esvil	N OF DEATH					
DIRECTOR	10a. STATE 10b. COUNTY	ltimore	10c. CI		Pike	svill	e		-		IOd. INSIDE CITY LIMITS? YES 2 X NO	
FUNERAL	100. STREET AND NUMBER 18 Villag	e Road			101.	ZIP CODE	208		10g. CITIZI	N OF WH	AT COUNTRY?	
ВУ	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Nidowed 4 Divorced	If yee, spe	ENDENT OF ectly Cuben, 2 NO	, Mexicen, Pu	RIGIN? (Specify Yea arto Rican, etc.)	or No 1	Black, Specify:	- American Indian, White, etc.				
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondery (0-12)	\text{TION ompleted} 16a College (1-4 or 5+)	Give kind of life. Do NOT u	work done se retired.	during mos	ON st of working		16b. KIND OF BUS			1112 0 6	
BE COMP	17. FATHER'S NAME (First, Middle, Last) Orville Ma		irst, Middle, Maiden	Surname)	2							
TO B	Orville Mann 190. INFORMANT'S NAME (Type/Print) Doris G. Mann 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 18 Village Rd., Pikesville, Md. 21208											
	20 METHOD OF DISPOSITION 1 & Burlel 2 Cremetion 3 Remov	Drui	CE AND DATE	OF DISPO	SITION (Na	ment		DATE 200 10	CATION C	h. as Taux	Stee Maryland	
	21. SIGNATURE OF JUNERAL SERVICE LICEN	hardt		22	Eckha	ardt :	Funera	al Chape	1.		21117	
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
PHYSICIAN: MEDICAL C	PART II. Other significent conditions Seizer Fx Fe	contributing to death but not a Dijord	ot resulting	in the u	nderlying	ceuse giv	ven in Part	I. 24e. WAS AN PERFOR	MED?	O O	ERE AUTOPSY FINDINGS MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH? YES 2 NO	
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHE	R:		ATH (Check on					
BY PHYS	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b, TIM		28c. INJU WOF	JRY AT	28d.	Other (Specify) DESCRIBE HOW II	NJURY OCCU	RED		
	2 Accident Investigation 3 Suicids 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At building, etc. (Specify)	t home, ferm,	street, tac	ctory, office		281.	LOCATION (Street a City or Town, Stelle)	nd Number or	Rural Rou	le Number,	
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, desth occurred at the time, date end place, end due to the cause(s) end menner se stated.											
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	Mass, M	D				SE NUMBER	2	29d. DATE S	SIGNED (M	onth, Day, Year)	

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Mess MD 249 Main St.

This was efficiently to the state of the sta

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filled within 73 beans after death with the Strain Dark of Hauth and Handel Haring and Handel Handel Handel Haring and Handel Ha	be men within 12 hours and upon the case Dept. Of regard and weeks reported to bottom, the medical examiner must be notified at once.
h. Page 6	eral direct	niner mt
after deat	by the fun	ical exar
24 hours	filled in t	he med
d within b	mpletely	event, ti
e execute	an and co	umatic
ertificate b	ng physici	other tra
e death co	Acetal Ma	ury, or
s that the	thed by the	any in
w require	been sig	3 shows
W. The I	ficate ha	r Item 2
PHYSICI	this cert	irked, o
TENDING	TOR: After	8 is ma
IL OR AT	L DIRECT	I Item 2
HOSPITA	FUNERA	TANT: II
THE	THE STAN	MPOR

	FOR					92	06480					
	1 - STATE REGISTRAR	STATE OF MARYLAND) / DEPARTME Certifica	NT OF HEALTH AND TE OF DEATH	MENTAL HYGIEN							
	1. OECEDENT'S NAME (First, Middle, Last)			TE OF BEATT	2. DATE OF OEATH		3. TIME OF DEATH					
		Daugherty McMi			02 1		1:00P w					
	4. SOCIAL SECURITY NUMBER 215 18 7268	5. SEX 6. AGE (In yrs. 1	MONTH	DER T YEAR IF UNDER 24 HRS. B DAYS HOURS MIN.	7. DATE OF BIRTH (Morith, Day, Year) 05 24 1	920	BIRTHPLACE (State or Foreign Country) PA					
DIRECTOR	98. FACILITY NAME (If not institution, give Francis Scott K			Baltimore		9c. COUNTY	OF DEATH					
3EC	10a. STATE 10b. COUNT	TY	10c. CITY, TOW	N OR LOCATION			10d. INSIDE CITY					
	MD	Harford		Havre de	Grace		LIMITS? 1 X YES 2 □ NO					
FUNERAL	10e. STREET AND NUMBER	10g. CITIZEN	OF WHAT COUNTRY?									
N.	515 Franklin S		8	US	SA							
BY FU	1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, OIVE WAR OR DATES	ARMED NO	II. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic 1 ☐ YES 2 XNO Spec	an, Puerto Ricen, etc.)		RACE — American Indian, Black, White, etc. Specify:					
0	15. DECEDENT'S EDU (Specify only highest grade	JCATION 18a.	DECEDENT'S USUAL	OCCUPATION	16b. KIND OF BUS	SINESS/INDUST	White					
COMPLET	Elementary/Secondary (0-12) 12	College (1-4 or 5+)	ine Work		Shoe M							
ő	17. FATHER'S NAME (First, Middle, Last)				AME (First, Middle, Melden		turing					
BE		Daugherty			sie E. Deck							
2	19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO AGORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)											
	Mrs. Sharon Eason 357 James Ave., Aberdeen, MD 21001 20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State											
	t XBurial 2 Cremation 3 Rem	noval from State camatary.	cremetory or other place	(e)								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 22. NAME AND ADDRESS OF FACILITY											
	Mitchell-Smith Funeral Home, P.A. Havre de Grace, MD 21078-3197											
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cerdiac or respiratory arreat, shock, or haart failure. List only one cause on each line. Approximate interval Between											
	IMMEDIATE CAUSE (Final disease or condition											
Z	a. Respiratory Arrest Due to (OR AS A CONSEQUENCE OF): Minutes											
ATIO	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING											
CERTIFICATION	CAUSE (Disease or Injury that Initiated eventa DUE TO (OR AS A CONSEQUENCE OF): reaulting in death) LAST											
Ö	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS											
CA		- value of the death but no	t rasulting in the	underlying ceuse givan in	Part I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO					
MEDICA					t 🗆 YES 2	X) NO	COMPLETION OF CAUSE OF DEATH?					
							1 YES 2 NO					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (C	heck only one)							
YSI	1 YES 2 X NO	t X Inpatient 2 - ER/Outpatient	3 DOA 4 N	ER: ursing Home 5 🗆 Residence	6 Other (Specify)							
ВУ РН	27. MANNER OF DEATH 1 🛣 Natural 5 Dending 2 Accident Investigation	(Month, Day, Year)	28b, TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW IF	NJURY OCCURE	0					
ED	3 Suicide S Could not be 4 Homicide detarmined	28a. PLACE OF INJURY — A1 building, atc. (Specify)	281. LOCATION (Street a City or Town, State)	nd Number or Ri	ural Route Number,							
COMPLET	29a. CERTIFIER (Check only one) 1 🔀 CERTIFYING PHYSI 2 🗌 MEDICAL EXAMINE	CIAN: To the best of my knowledge,	death occurred at the	time, date end place, end due	to the cause(a) and men	ner as stated.	ver/el and many and and					
E CC	29b. SIGNATURE AND TITLE OF CERTIFIE	Addition 1		29c. LICENSE NU								
TO BE	38. NAME AND ADDRESS OF PERSON WITH	ou tonth	ww)	.01.	36	DATE SIG	17/52					

Francis Scott Key Medical Center, Baltimore,

31. DATE FILED (Month, Day, Near)
FEB 19 '92 32. REGISTRAR'S SIGNATURE

M.D.,

MD

0.12

7-8 X _____

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages is filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 IMPORTANT. If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner most be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR

	1 - STATE REGISTRAR	OMILE OF	CI	ERTIF	ICATE OF	DEA	TH.	MICH IA	REG. NO	_		
	1. DECEDENT'S NAME (First, Middle, Last,					DEA		2. DATE	E OF DEATH			3. TIME OF DEATH
	Jack L. Mc Lau	ghlin						Fe		B	YEAR 92	12:42
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. las	st birthday)	IF UNDER 1 YEAR	IF UNDER			E OF BIFTH	$\neg \neg$	6. BIRTHP	LACE (State or Foreign
	230–18–3975	12 M 2 🗆 F	69	YRS.	MONTHS DAYS	HOURS	MIN.		1th, Day, Year) 3-26-19	22	Country)	VA
_	9a. FACILITY NAME (If not institution, give	street and number)			96. CITY, TOWN	OR LOCATI	ON OF D		20 10		TY OF DEA	
OH	Perry Point VA	Medical	Center		Per	ry P	oint				Ceci	il
띦	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT	TY		T 100 CD	TY, TOWN OR LOCA							
DIRECTOR		arford		100. 01		vre	J _ C	Y				Od. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	11101 (1				V TE COD		race	е			X YES 2 NO
RA	608 Alliance S	treet					1078)		10g. CITIZ		AT COUNTRY?
FUNERAL	11. MARITAL STATUS		NT EVER IN U.S. AR	MED	12 WAS DE				N? (Specify Yes		US	
	1 Never Married 2 Married	FORCES? 1	YES 2 NAR OR DATES	NO	If yes, s	pecify Cubs	n, Maxica	ın, Puerto	Rican, etc.)	or No-	Black,	- American Indian, White, atc.
В	3 Wildowed 4 Divorced	WW			1 '''	ZINO	Specif	у:			Specify:	White
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad	JCATION e completed)	16a. DE	CEDENT'S	USUAL OCCUPAT	ON of working		161	b. KIND OF BUS	SINESS/INDU		
9	Elementary/Secondary (0-12)	College (1-4 or 5	+}	. Do NOT u	se retired.)							
M M	12		(Re	et)Pr	oject Er	igine	er	I	rederal	Gov	ernm	ent
	17. FATHER'S NAME (First, Middle, Last)					18. MOTH	IER'S NA	ME (First,	Middle, Malden	Sumame)		
BE	Frederick 7	r. McLau				Ma	rga	ret	Stidha	n		
2		Na T			ADDRESS (Street							
	Mrs. Kathleen F	. McLaug			Alliance		Ha					
	1 X Burial 2 Cremetion 3 Ren 4 Donation 5 Other (Specify)	noval from State	cemetery, cre	matory or o	of disposition (A other place) Memorial	ame of		0A1	TE 20c. LO	CATION — C	Ity or Town	, State
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	- Haric	ora r	22. NAME A	MD ADDRES	cens	CILITY	ZI Ab	<u>erdee</u>	n, IV	ID
	Mitchell-Smith Funeral Home, P.A.											
	23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate											
	ehock, or heart feliure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Cancer of larynx OUE TO (OR AS A CONSEQUENCE OF):											
ATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING											
CERTIFICATION	Cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):											
핑	d											
PHYSICIAN: MEDICAL	PART II. Other algoliticant condition	death but not n	resulting in tha undarlying cause given in F				Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 X NO			An Ci	ERE AUTOPSY FINDINGS MILABLE PRIOR TO DMPLETION DF CAUSE F DEATH? YES 2 NO	
A	25. WAS CASE REFERRED TO MEDICAL				22.5	ACE OF O	ATIV (O)					
2	EXAMINER?	HOSPITAL:	ED/Outrestine A		OTHER:	LACE OF DI						
Ĭ	27. MANNER OF DEATH	28a, DATE OF		28b. TIM	4 Nursing Hon	URY AT	sidence					
	1 Netural 5 Pending	(Month, D	ay, Year)		URY W	PRK?	I NO	280. DES	SCRIBE HOW IN	IJURY OCCU	RED	
BÁ	2 Accident Investigation 3 Suicide 8 Could not be	28a, PLACE O	F INJURY At hor	ne, term, a			100	281 1.00	ATION (Street a	nd Mumber o	Orani Davi	- Al
	4 Homicide determined	building,	etc. (Specify)					City	or Town, State)	no reamble of	norm nou	e Noniber,
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYS one) 2 MEDICAL EXAMINE	ICIAN: To the beat of	my knowledge, dea	nth occum	ed at the time, date	and place,	and dua	to the cau	use(a) and man	ner as atated	f. Cause(a) ai	nd manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE					29c. LICE			I			onth, Day, Year)
BE BE	1.							3023	3-I			
2	30. NAME AND ADDRESS OF PERSON WE	O COMPLETED CAUS	OF DEATH (ITEM	1 27) (Type,	Print)			-		02	2-18-	1334
		ODHE, M.D		Per	ry Poin	t, Ma	ryla	and	21902			
	FEB 1-9 92	32. REGISTRA	PS SIGNATURE	indess								

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MP.	as b)ept
Je H	e h	te I
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CA	entr	the state
ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after d	DR: After this certificate has been signed by the attending physician and completely filled in by the	ter death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal,
NG F	Her	ath
ION	R: A	er de

	harles Everheart Morris	50n									
	FOR 1 _ STATE	STATE OF M	ARYLAND /	DEPAR	TMENT OF	HEALTH AND	MENTA	I HYGIEN	F (20	041
	REGISTRAR		CE	RTIF	ICATE O	F DEATH		REG. NO.		32	06482
	1. DECEDENT'S NAME (First, Middle, Last)	ovet Manage					2. DATE	OF DEATH	W 000	/EAR	TIME OF OEATN
	Charles Everhe		SON 6. AGE (In yrs. les	- 4.7-44 along ()		IF UNDER 24 HRS.		. 29,°			1:30 P w
	214-48-2549	1 M 2 F	43	YRS.	IF UNDER 1 YEAR MONTHS DAYS	Feb. 12, 1948			Country)	Virginia	
	9a. FACILITY NAME (If not institution, give s:	1.	40	Trio.	Oh CITY TOWN	OR LOCATION OF D					
E E	Washington County				Hager		EAIN		9c. COUNTY	shing	
5	RESIDENCE OF DECEDENT				Hager	3 COWLI			Was	71116	
DIRECTOR	10a. STATE 10b. COUNTY				Y, TOWN OR LOC					100	d. INSIDE CITY LIMITS?
	Maryland Wash	ington			Hagerst					1[YES 2 NO
RA	307 Ross Street				1	21740			USA	N OF WHAT	T COUNTRY?
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN II S AD	MED	12 140 0	CENDENT OF NISPA	OBIO			2722	
	1 Never Married 2 Married		YES 2 N		If yes, i	specify Cuban, Maxic	an, Puarto	Rican, atc.)	1 OF NO 14	Black, W	American Indian, hita, etc.
ВУ	3 Widowed 4 Divorced				'''	S 2 NO Speci	ny:			Specify:	white
H	15. DECEOENT'S EDUC (Specify only highest grade	CATION completed)	(Gi	ve kind of v	USUAL OCCUPAT	TION nost of working	16b	. KIND OF BUS	SINESS/INDUS	TRY	
7	12 years	College (1-4 or 5 +)		lumb	,			plum	hino		
COMPLETED	17. FATNER'S NAME (First, Middle, Last)		P	Lano		40 1107115710 11					
	unknown					18. MOTHER'S NA	OWN	Middle, Maiden	Surname)		
) BE	19a. INFORMANT'S NAME (Type/Print)		190	. MAILING	ADORESS (Street	and Number or Rural	Aoute Num	ber, City or Town	n. State. Zip Co	nde)	
유	Donna J. Morrison		30	7 Ro	ss Stre	et Hager	stow	n, Mar	yland	217	40
	20a. METNOD OF DISPOSITION	comi form State	20b. PLACE	ND DATE C	F DISPOSITION (Vame of	DAT		CATION City	y or Town,	State
	Donation 5 Other (Specify) Rocci				Cemete	ry	3/3	3/ Fli	inston	e, Ma	aryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENGE IN THE	1.1		COTA	d N. Min	nich	305	N. Po	tomac	Street
	Seuld 11.	11 MM	en			al Home	LILOII			-	aryland
	23. PART I. Enter the diseases, or c	complications that								-	
	abock, or heart fallure.	List only one cause	caused the da	ath. Do n	ot enter the m	ode of dying, suc	ch as card	diac or reapl	ratory arreal	t,	Approximata
	IMMEDIATE CAUSE (Final	List only one caus	e on each line.			ode of dying, suc	ch as card	diac or reapl	ratory arreal	t,	Approximata Interval Between Onset and Daath
	anock, or neart lanure.	Gliobla	stoma M	lulti	forme	ode of dying, suc	ch as card	diac or reapl	ratory arreal	,	Interval Between
	IMMEDIATE CAUSE (Final disease or condition	Gliobla	e on each line.	lulti	forme	ode of dying, suc	ch as care	diac or reapl	ratory arread	t,	Interval Between Onset and Death
NOI	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	a. Gliobla	Stoma M	lulti DUENCE OF	forme	ode of dying, suc	ch as care	diac or reapl	ratory arread	ι,	Interval Between Onset and Death
CATION	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. Gliobla	stoma M	lulti DUENCE OF	forme	ode of dylng, suc	ch as carr	diac or reapl	ratory arreal	t,	Interval Between Onset and Death
LIFICATION	immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. Gliobla oue to (c	Stoma M	Ulti DUENCE OF	forme	ode of dylng, suc	ch as card	diac or reapl	ratory arread	t,	Interval Between Onset and Death
ERTIFICATION	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	a. Gliobla oue to (c	S t O MA A CONSECUTAR AS A CON	Ulti DUENCE OF	forme	ode of dylng, suc	ch as card	diac or reapl	ratory arread	t,	Interval Between Onset and Death
L CERTIFICATION	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Gliobla oue TO (C	S T O M A M A CONSECUTIVE AS A CONSECUTI	ULT I	forme						Interval Between Onset and Daath 1 year
	immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	B. DUE TO (C	S T O M A M A CONSECUTION AS A CONSECUTI	ULT I	forme			24a. WAS AN PERFOR	AUTOPSY MED?	24b. WEI	Interval Between Onset and Death
	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	B. DUE TO (C	S T O M A M A CONSECUTION AS A CONSECUTI	ULT I	forme			24a, WAS AN	AUTOPSY MED?	24b. WEI AMA COO OF	Interval Between Onset and Dasth 1 year RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE DEATH?
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BE COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition. Sepsis due to st. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be dalarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER?	BUE TO (C) DUE TO	STOMA M STOMA M STOMA M STOMA M STOMA A CONSECT OR AS A CONSEC	DUENCE OF DUENCE OF DUENCE OF DOA 28b. TIMI	forme 7): 1): 1): 1): 10: 11: 12: 14	PLACE OF DEATN (Cr me 5 Rasidence JURY AT ORK? YES 2 NO ca a and place, and dua death occurred at the	Part I. Beck only on City 28f. LOC City It to the causiline, deta	24a. WAS AN PERFOR 1 YES 2 r (Specify) CRIBE NOW IN ATION (Street a or Town, State)	AUTOPSY MED? NO NJURY OCCUR and Number or in the city of due to the city of	24b. WEI AMA. COMPANY OF 1 COMP	Interval Between Onset and Daath 1 year RE AUTOPSY FINDINGS MILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO Number, d manner as stated.
COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions Sepsis due to st. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	BUE TO (C) DUE TO	Stoma M Stoma	DUENCE OF DUENCE OF DUENCE OF DOA 28b. Time injury and properties of the property of the prope	forme forme forme forme forme forme forme formation format	ng cause given in	Part I. Beck only on City 28f. LOC City It to the causiline, deta	24a. WAS AN PERFOR 1 YES 2 r (Specify) CRIBE NOW IN ATION (Street a or Town, State)	AUTOPSY MED? NO NJURY OCCUR and Number or in the city of due to the city of	24b. WEI AMA. COMPANY OF 1 COMP	Interval Between Onset and Daath 1 year RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
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BE COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions Sepsis due to st. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	BLEAT ONLY ONE CAUSE A. Gliobla OUE TO (C. DUE TO (C.	Stoma M Stoma	DOA 28b. Tilling in the occurrence of the occurr	forme (): n the underlyli OTHER: 4 Nursing No E OF 28c. IN W I 1 treet, factory, offi d at the time, dat n, in my opinion,	PLACE OF DEATN (C) THE 5 Residence JURY AT ORK? YES 2 NO Ca a and place, and due death occured at the	Part I. Beck only on City 281. LOC City It to the cause time, data	24a. WAS AN PERFOR 1 YES 2 1 (Specify) CRIBE NOW IN ATION (Street a or Town, State)	AUTOPSY MED? NO NJURY OCCUR nd Number or in ner as stated. d due to the co 29d. DATE St Marc	24b. WEI AMA COO OF 1 COMMENT IN	Interval Between Onset and Daath 1 year RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO Number; Id manner as stated.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the artending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, and filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

	1. DECEDENT'S NAME (Firs	t, Middle, Last)								2. DATE OF DEATH			3. TIME OF DEATH
	Nelson	Tinda	11 Meeds							Feb. 2	992	1:30 PM M	
	4. SOCIAL SECURITY NUM	BER	8. SEX	6. AGE (In yrs. las	st birthday)		UNDER 1 YEAR IF UNDER 24 HRS.		7. DATE OF BIRTH	_, _	BIRTHPLACE (State or Foreign		
	220-44-0736		1 💹 M 2 🗌 F	89	YRS.	MONTHS	DAYS	HOURS	MIN.	Apr 4, 19	02 Missouri		
-	9e. FACILITY NAME (If not is	natitution, give s	treet end number)			9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY							
DIRECTOR	720 Univ	ersity	B1vd.,	East		Silver Spring Mo						lonte	omery
2	RESIDENCE OF DEC	10b. COUNTY	,		I too CIT	Y, TOWN C	201004	TION					
E C	Maryland		gomery			ilve							10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER		Somery			IIVC.		ZIP COD			40 - OV	12501 051	1 YES 2 NO
FUNERAL	720 17-4		01 1 1				1.0						WHAT COUNTRY?
S	720 Unive	rsity	12 MAS DECEDEN	T EVER IN U.S. AR	MED	13.	WAS DEC	209		IIC ORIGIN? (Specify Yea	_	SA	E - American Indian.
	1 Never Merried 2		FORCES? 1	YES 2	90		If yes, sp	ecify Cube	n, Mexice Specify	n, Puerto Rican, etc.)	01110-	Blaci	k, White, etc.
ВУ	3 Widowed 4 Dive	orced					. [] 120	T LIVE	Specify		_ 1	Spec	White
COMPLETED	15. DEC (Specify onl)	CEDENT'S EDUC	CATION completed)	/G	CEDENT'S	work done i	CCUPATIO	ON at of works	200	16b. KIND OF BUS	INESS/IND	DUSTRY	
Ë	Elementary/Secondary (I	0-12)	College (1-4 or 5 +) """	. DO NOT US	se retired.)							
MP		Ele	ctri	cal l	Engi			U.S.		ernm	ent		
	17. FATHER'S NAME (First, M					18. MOT	HER'S NAI	ME (First, Middle, Melden	Surname)				
BE	William Med					R	omai	ne Tindall		_			
2	Romaine M.	. ,								loute Number, City or Town			
									Dr.,	Silver Sp			
	20a, METHOD OF DISPOSIT 1 X Burlal 2 ☐ Crematic 4 ☐ Donation 5 ☐ Other	on 3 🗆 Remo	oval from State	cemetery, cre	matony or of	thar placel			_	DATE 20c. LO			
	21. SIGNATURE OF THERA	And the second second	except /	Congr	essi	ona I	NAME AN	eter ID ADDRE	SS OF FAC	-25-92 Wa	shin	gton	, D.C.
	> X 1/1/2	CNI	Unily	/-	22 NAME AND ADDRESS OF FACULTY Hines/Rinaldi Funeral Home								
-	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate										Spring,MD.		
	shock or h	aart fallure. L	List only one cau	se on aach iina	ath. Do n	ot anter	tha mo	de of dy	ing, suct	as cardiac or respi	ratory an	rest,	Approximate Interval Between
	IMMEDIATE CAUSE /Final										Onset and Death		
	resulting in death)	→ ,	. (00	aropu	em	oha	M	- (4	est			Smin
_			Chin	Wil CA	DUENCE OF	260	100	hon	*	Anilus			3
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST LOUID WAS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): CHOMIC CONGESTIVE bleat failure DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): d.											290		
S	cause. Enter UNDERLY	ING	Cho	uic au	strial fibrillation					5			lour
	CAUSE (Disease or injuthat initiated events		OUE TO	OR AS A CONSEC	CONSEQUENCE OF):							47	
	resulting in death) LAS	T d	ı			,							
- 4	PART II. Other algolitica	nt conditions	contributing to	death but not n	eaulting i	n tha un	darivino	CRUSA	alven in I	Part I. 24s. WAS AN	ALITODEV	1 001	. WERE AUTOPSY FINDINGS
CAL	Rect	al b	leeding	/						PERFOR		240.	AMILABLE PRIOR TO COMPLETION OF CAUSE
ED	Mago	necho	tion							1 YES 2	KHO		OF DEATH?
Σ		1	1100							-			1 TYES 2 NO
A A	25. WAS CASE REFERRED TO	O MEDICAL					26. PL	ACE OF D	EATH (Che	ck only one)			
PHYSICIAN:	1 TES 2 NO		HOSPITAL:	ER/Outpatient 3	DOA	OTHER	t:	1.4		B Other (Specify)			
Ŧ	27. MANNER OF DEATH		28e. DATE OF	INJURY	28b. TIMI	E OF	28c. INJ	JRY AT	Siderice .	28d. DESCRIBE HOW IN	JURY OCC	CURED	
8		Pending Investigation	(Month, Da	ly, 19ar)	INJ	M	1 🔲 Y	ES 2	NO				
	3 Sulcide 8	Could not be	28e. PLACE OF	FINJURY — At hor	me, ferm, s	treet, facto	ory, office			28f. LOCATION (Street a	nd Number	or Rural A	loute Number,
COMPLETED	4 Homicide	determined		vier (opocny)						City or Town, State)			
7	290. CERTIFIER (Check only	IFYING PHYSIC	IAN: To the beat of	my knowledge, des	ith occurre	d at the ti	me, data	end place.	and due t	to the cause(s) and men	ner ne stat	ed.	
S O	one) 2 MEOI	CAL EXAMINER	: On the basie of ax	amination and/or in	nventigation	n, in my o _l	pinion, de	eath occur	ed at the t	ime, date and place, and	due to th	e ceuse(e) end menner as stated.
	296. SIGNATURE AND TITLE								NSE NUM				(Month, Day, Year)
BE	(Teon)	oken	ton , N	10				D	08	695	•	2/5	21/92
2	30. NAME AND AODRESS OF	PERSON WHO	COMPLETED CAUS	E OF DEATH (ITEM	1 27) (Type,	Print)			- 0		-	1	-1 /
	GEORGE	5. K	ENTON	M.D	, 10	620	O GE	TOR	FIA	AVE SI	LVE	ne 8	PRING-MD
	31. DATE FILED (Month, Day,	Year)	32. PEGISTRAS	S SIGNATURE	2.00							. \	PRING-MD 20902
	FFB 24	92	June	Massin									20902

DHMH-16 Rev 1/89

00/77 20 and the TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1. DECEDENT'S NAME (First	t, Middle, Last)								2. DATE OF DEATH	AY	YEAR	3. TIME OF DEATH
WILLIAM									FEBRUARY			8:30 A M
4. SOCIAL SECURITY NUM		5. SEX	8. AGE (In yrs.		IF UNDER	1 YEAR	IF UNDER	MIN.	7. DATE OF BIRTN (Month, Day, Year)			HPLACE (State or Foreign
006-07-304		1 M 2 F	76	YRS.		DATE:	HOOKS	MIN.	MAY 25, 1	915		YORK
9a. FACILITY NAME (If not in					9b. CITY,	TOWN	OR LOCATI	ON OF D	EATH		INTY OF E	
111 SOUTHWO	OOD AVE	NUE		100	SIL	VER	SPR	ING		Me	ONTGO	OMERY
10a. STATE	10b. COUNTY			10c. CITY	Y, TOWN O	R LOCA	TION					10d. INSIDE CITY
MARYLAND	М	ONTGOMER	Y		S	TT.V	ER SI	PRTN	C			LIMITS?
104. STREET AND NUMBER							H. ZIP COD		<u> </u>	10g. CIT	IZEN OF	WHAT COUNTRY?
111 SOUTHWO	OD AVE	NUE					20	0901		TI	SA	
11. MARITAL STATUS		12. WAS DECEDEN	TEVER IN U.S.	ARMED	13. V	MAS DE	CENDENT (OF NISPAN	NIC ORIGIN? (Specify Ye		14. RACE	E — American Indian,
1 Never Married 2 3		IF YES, GIVE Y	MAR OR DATES	XNO			B ZX NO		n, Puerto Ricen, etc.)		Speci	k, White, etc.
	EDENT'S EDUC	471011	-									WHITE
(Specify ont	y highest grade c	completed)		DECEDENT'S (Give kind of w life. Do NOT us	vork done d			ng	16b. KIND OF BU	SINESS/IN	DUSTRY	
Elementary/Secondary (0	1-12)	College (1-4 or 5	,									
17. FATHER'S NAME (First, M	liddle, Last)		DK	DADCAS	IEK		40 1407	WED 20 ALA	VOICE O		CRICA	<u> </u>
WILLIAM S.	мттсн	FII					III. MOT					
19a. INFORMANT'S NAME (7				19b. MAILINO	ADDRESS	(Street	and Number		E EMMA LUT Ploute Number, City or Tow		- 0- 41	
MARY S. MI	TCHELL.	(
20a. METHOD OF DISPOSIT	ION	1		EANDDATEO				OE		CATION -		RYLAND 20901
1 Donation 5 Other	(Specify)	val trom State	cemetery, c	ROPOLI	her placel			v	2/24 ALE			
21. SIGNATURE OF FUNERAL	L SERVICE LICE	NSEE ()		TOT OBT	22. 1	NAME A	NO ADDRE	SS OF FA	CILITY			
> N.V.	21.	710			FR	ANC:	IS J.	COI	LLINS FUNE BLVD.,W.	RAL F	HOME,	INC.
23. PART I. Enter the di	seeses, or co	mplications the	t ceused the d	desth. Do n	ot enter	the mo	ode of dyl	ng, suci	h as cerdiec or resp	ratory sr	ork.	Approximate
IMMEDIATE CAUSE (Fin	cert foliule. L	lst only one ceu	se on each ile	ne.							24	Interval Between Onset and Death
disease or condition resulting in death)	→ .	ch	ronic	Renal	F	1:1.	100					
Trooming in douting		DATE TO	100 40 4 00MD									Zmonths
Consequently that are stated	_ b.	Athe	Dicke	site	Va	sail	las	013	ease			30 yrs.
Sequentially list conditi If any, leading to immed	diate	DUE TO	(OR AS A CONS	EOUENCE OF):							
CAUSE (Disease or Inju		14	per to	enston	^							30 yrs
that initiated events resulting in death) LAS	T .	DUE TO	OR AS A CONS	EOUENCE OF):							
	d.											
PART II. Other significe	nt conditions	contributing to	deeth but not	resulting in	n the unc	derlyin	g ceuse g	lven in	Part I. 24s. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
Coron	A	where	Disease	?					PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
Cerebro	vascula	r A	cciden	+					1 □ YES 2	Pt NO		OF DEATH?
									_			1 TYES 2 NO
25. WAS CASE REFERRED TO EXAMINER?						26. PL	ACE OF D	EATN (Che	ack only one)			
1 YES 2 NO		HOSPITAL:	ER/Outpatient		OTHER		e 5 🗆 Re	aldence	6 Other (Specify)			
27. MANNER OF OEATN		28a. OATE OF (Month, Da	INJURY IV. Year)	28b. TIME	OF	26c. INJ			284. OEŞCRIBE NOW I	NJURY OC	CURED	
	Pending investigation		, .ce,	11100	M		YES 2	NO				
	Could not be	28e. PLACE Of building.	FINJURY At h	nome, term, at	reet, facto	ry, offic	•		28t. LOCATION (Street &	nd Number	or Rural R	loute Number,
4 Homicide	determined								City or Town, State)			
29a. CERTIFIER (Check only	FYING PHYSICI	AN: To the best of	my knowledge, d	leath occurred	at the tin	ne, data	and piece.	and due	to the cause(s) and man	ner ag stat	ed.	
one) 2 MEDIO	CAL EXAMINER:	On the basis of ax	amination and/or	r investigation	, in my op	inion, d	leath occur	ed at the	time, data and pieca, an	d due to th	e cause(a)) and manner as stated.
29b. SIGNATURE AND TITLE	OF CERTIFIER		m	11	10	0	29c. LICE					(Month, Day, Year)
MICH AE	EL S	CHINDI	ERM	200		5		35			2/24	
30. NAME AND ADDRESS OF	PERSON WNO	COMPLETED CAUS	E OF OEATH (IT	EM 27) (Type, I	Print)	y .			02		-	-12
mich au		SCHINI		mp)6 S	PRIN	G ST	REET STLVE	R SP	RTNC	,MD. 20910
31. DATE FILEO (Month, Day,)		1002 REGISTRAT	R'S SIGNIANNE	LIE						01		, 20710

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Committee of the state of the s

TO BE COMPLETED BY FUNERAL DIRECTOR

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the	
event,	
PORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the m	BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
other	TIFIC
9	I III
injury,	AL CE
any	2
Shows	ME
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item ?	SICIA
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32. PEGISTRAR'S SIGNATURE

REGISTRAN		CERTIF	ICALE OF	DEATH	REG. NO		
1. DECEDENT'S NAME (First, Middle, LA HELEN		AVROUKAKIS			2. DATE OF DEATH DO NONTH February	22, 199	3. TIME OF DEATH 4:40 P. N
4. SOCIAL SECURITY NUMBER 217-72-3004	5. SEX (I. AGE (In yrs. last birthday) 7 9 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) May 31, 1	1 4 2	IRTHPLACE (State or Foreign punity)
9a. FACILITY NAME (If not institution, gi	41	13	as OUTY TOWN	OR LOCATION OF DE			irkey
10901 CAVALIE	R DRIVE			ER SPRING		MONTGO	
10e. STATE 10b. COL		10c. Cr	TY, TOWN OR LOCA SILVER	SPRING			10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER				of, ZIP CODE		40- CITIZEN	1 YES 2 NO
10901 CAVALI				20901		GREE	
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WAI	EVER IN U.S. ARMED YES 2 ZINO OR DATES	If yes, s	CENDENT OF HISPAN pecify Cuben, Mexicar S 2 ANO Specify	IC ORIGIN? (Specify Year, Puerto Rican, atc.)		IACE — American Indian, Black, White, etc.
15. DECEDENT'S E (Specify only highest gi	DUCATION	16a. DECEDENT'S	USUAL OCCUPATI	ION	16b. KIND OF BU	SINESS/INOUSTR	IY .
Elementary/Secondary (0-12)	College (1-4 or 5 +)	HOMEMA		ost of working			
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM	ME (First, Middle, Maiden	Sumama)	
GEORGE	KYRIAZI			MARIA		ADANIEL	
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	G ADDRESS (Street		loute Number, City or Tow		
JOHN MAVROUKAK	IS (SON)				SILVER SP		
20a. METHOD OF DISPOSITION 1X Burlel 2 Cremetion 3 R	emoval from State	20b. PLACE AND DATE	OF DISPOSITION (N	ame of	DATE 20c. LO	CATION — City o	r Town, Stata
4 Donetion 5 Other (Specify)	LICENSES	GATE OF I	HEAVEN C	EMETERY	2/25 SIL	VER SPR	ING, MARYLAND
· WI	TO		FRANC 500 U	ND ADORESS OF FAC IS J. COL NIVERSITY	LINS FUNE BLVD., W	RAL HOM	E, INC. SP., MD 2090
23. PART I. Entar the disease, ehock, or heert failu IMMEDIATE CAUSE (Final disease or condition resulting in death)	ra. List only ona cause	R AS A CONSEQUENCE OF RAS A CO					Approximata interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	C	R AS A CONSEQUENCE O		(CE)	disen:	æ	
PART II. Other algnilicant condit	iona contributing to de	eath but not reculting	in the underlyin	g cause given in F	Part I. 24s. WAS AN PERFOR t □ YES 2	MED?	24b. WER AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL							
EXAMINER?	HOSPITAL:	R/Outpatient 3 🗆 DOA	OTHER:	LACE OF DEATH (Chec			
27. MANNER OF DEATH	28a. OATE OF IN			Ne 5 % Residence &			
1 Natural 5 Pending 2 Accident Investigation	(Month, Day,		JURY WO	YES 2 NO	28d. DEŞCRIBE HOW II	NJURY OCCURED	
3 Suicide 8 Could not 9 determined		NJURY — At home, ferm, .: (Specify)	street, fectory, offic		28f. LOCATION (Street a City or Town, State)	ind Number or Rui	ral Route Number,
29a. CERTIFIER (Check only one) 1 M CERTIFYING PH	YSICIAN: To the best of m	r knowledge, death occurr	ed at the time, data	and place, and due t	to the cause(a) and man	iner as stated.	se(a) and menner as stated.
29b. SIGNATURE AND TITLE OF CERTIF							
8. contre	ros m	0		D2936			2416 (2
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE	OF DEATH (ITEM 27) (Type	. Print) A				

Galthesbum

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AN	he hos	detachi	ance.
BALTIMORE, MARYLAN	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detach be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: Il liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
MAF	etaine	shou	otifie
Щ	y be	oage S	be n
OR	6 ma	ector,	must
M	Page	ral dir	Iner
MY.	death	e fune	ехап
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Ö,	ithin 2	etely 1	nt, th
376	nted w	compl ial, cr	eve
39 X	noexe	to bur	matic
80	ate be	ysiciar	r trau
о О	ertific	ing ph	othe
۳,	eath c	attend ntal Hy	y, or
SQ.	the d	y the	Infer
Ö	es that	afth a	s any
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	requir	of He	show
AL	te law	has b	п 23
<u> </u>	AN: TH	ificate State	r Iten
PE	NSICI.	is cert	ed, o
Z	NG PI	fter th	mark
SIC	TENDI	DR: A	8 Is
<u> </u>	OR AT	OURS 3	lem 2
	PITAL	RAL C	FILE
	HOS	FUNE	TAN
	D THE	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the five within 72 hours after death with the State Dept. of Health and Memal Hygiene prior to bun'al, cremation, or removal.	MPO
	-	<u>م</u> –	=

													92	06486
	1 - FOR STATE REGISTRAR	STATE OF M	ARYLAND /	DEPAR	TMEN	T OF I	HEALTH	AND	MEN'		GIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last)								2. 0/	ATE OF DE	EATH			3. TIME OF DEATH
	SAMUEL		MOSS						MC	02	20	19	9 9 2	6:10AM M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le:	st birthday)	IF UND	ER 1 YEAR	IF UNDER	24 HRS.	7. DA	TE OF BI	RTH			IPLACE (State or Foreign
	082-12-4585	1 € M 2 □ F	77	YRS.	MONTHS	DAYS	HOURS	MIN.	7 (M	onth, Day,	16ar)	91/	Countr	CHOSLOVAKIA
	9e. FACILITY NAME (If not institution, give s	freet and number)			9b. CI	TY, TOWN	OR LOCATION	ON OF DI					INTY OF O	
OR	Montgomery Ge	neral H	ospita	1		Olne	3.7							mery
5	Montgomery Ge		ODPICA			JIIIC	Y					PIOI	rego	mery
DIRECTOR	MARYLAND MONTGO					OR LOCA								10d. INSIDE CITY
	10e. STREET AND NUMBER	DMERI		211	LVER	SPR	ING							YES 2 NO
FUNERAL						101	f. ZIP CODI	E				10g. CIT	IZEN OF W	HAT COUNTRY?
R	15101 INTERLACHEN						20906	~					TED S	STATES
문	1 Never Merried 2 XXMerried		Y YES 2 1		13	If yes, sp	ENDENT O	F HISPAN	NIC ORI	GIN? (Spe	olfy Yes	or No-	14. RACE Black	- American Indian, White, etc.
B	3 Widowed 4 Divorced	IF YES, GIVE W	MW 11		-1	1 YES	2X NO	Specify	y:		,		Speci	fy:
<u>a</u>	15. DECEDENT'S EDUC	CATION		CEDENT'S	USUAL	OCCUPATION	ON			16b. KIND	OF BUILD	INESC (IN	DUCTOV	WHITE
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(G	live kind of y	work done	e durina ma		g		TOU. KIND	OF B03	INESS/IN	DUSTRI	
COMPLETED		5+		IENT]	FTC	ADM	TNTST	TR A Tr	OR	וו כ	C	WEDI	MEMT	1
ő	17. FATHER'S NAME (First, Middle, Last)					11011				st, Middle,			VITIEN I	-
BE C	DAVID MOSS						EI	LLA	MA	RKBR	EITI	ER		
10 B	19e, INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRES	SS (Street o	and Number	or Rural I	Route N	umber, City	or Town	, State, Zij	Code)	
F	SALLY MOSS	(WIFE)												MD. 20906
	20a. METHOD OF DISPOSITION 1 △ Burlel 2 □ Cremetion 3 □ Remo	and from State	20b. PLACE	AND DATE	OF DISPO	SITION (Na	me of		-				City or To	
	4 Donetion 5 Other (Specify)		CHEVRA	AHA	VAS	CHES	ED C	EM.	2	/21 R	RAND	ALLS	TOWN	, MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE					ND ADDRES			0.0.10				
	Han What	nau	9		ען 1	ANZAI	NSKY-	-GOLI	DRE	KG M	EMO	RIAL	CHAP	ELS, INC.
	23. PART I. Enter the diseases, or c	omplications that	caused the de	ath. Do n	Dt ente	r the mo	de of dyi	ng. auci	h as c	ardiac o	r resoir	etory ar	reat	MD. 20852
	shock, Dr heert failure.	Dilly Dile Caus	e on eech line	2,								,		interval Between
	disease or condition	A	orde	mys	Ta	2010	U,	110	25	in	_			Onset and Death
	teauting in death)	DUE TO (onte or as a consec Lonar	DUENCE OF	F):		1							10.00
Z		L'or	Lonar	4 0	col	ery	de	sea	al					yrs
ERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	AS A CONSEC			./								100
2	CAUSE, Enter UNDERLYING CAUSE (Disease or injury	w	heros		20	Com								yrs
E	that initiated events resulting in death) LAST	DUE TO (C	OR AS A CONSEC	DUENCE OF	F):									
E		l,					40	-						
_	PART II. Other algnificant conditions	contributing to d	leath but not r	esulting i	n the u	nderiying	cauae q	iven in	Part i.	24a. Y	VAS AN A	WTOPSY	24h	WERE AUTOPSY FINDINGS
2	heart block		Monse	any .	C	nel	700	Toa	Ce.	P	ERFOR	AED?		AMILABLE PRIOR TO COMPLETION OF CAUSE
	arsease a	3 otoline	as		1					1 '10	YES 2	NO.	-	OF DEATH?
÷														1 YES 2 NO
X	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PL	ACE OF DE	ATH (Che	eck only	one)				
Si	1 TYES 2 THO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHE		e 5 🗆 Res	sidence	6 🗆 Ot	her (Speci	(fv)			
PHYSICIAN: MEDICAL	27. MANNER OF OEATH	28a. DATE OF III (Month, Day)	NJURY Year)	26b. TIME	E OF	28c. INJI			_	ESCRIBE		JURY OC	CUREO	
ВУ	1 Natural 5 Pending 2 Accident Investigation	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			M		ES 2	NO						
ED	3 Suicide 8 Could not be	26e, PLACE OF building, at	INJURY — At hor	me, ferm, s	treet, fec	tory, office			28f. LC	OCATION (Street ar	d Number	or Rural Ro	oute Number,
	4 Homicide determined									, or 10411,	, Otalo)			
F	29e. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the best of m	y knowledge, der	ath occurre	d at the	time, date	end place,	end due	to the c	:euse(e) e	nd menr	er se atat	ed.	
COMPLET	One) 2 MEDICAL EXAMINER	: On the basis of exe	mination end/or is	nvestigation	n, In my	opinion, de	eath occure	d at the t	time, de	ite and pla	ece, end	due to th	e cause(e)	and manner ee stated,
BE C	29b. SIGNATURE AND TITLE OF CENTIFIER		Ha.			T	29c. LICE							Mibrith, Day, Year)
5 B	Loger 1- Us	now	M)				j) 2	87	91		•	2/20	192
F 1	30 NAME AND ADDRESS OF REDSON WHO						42	_	_					

unD

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Georgetour Ro

20814

'97 FFR



201-1

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	ATE OF D	EATH	REG. NO.		
1. DECEDENT'S NAME (Arst, Middle, Lest) John	William McC	ulloch			2. DATE OF DEATH DATE OF	O GEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 577-10-2781	5. SEX 6. AG			F UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) Aug. 23,	Coun	HPLACE (State or Foreign try) hington, DC
9a. FACILITY NAME (If not institution, give a Potomac Valley	11 111 111		ROC	kville	ATH	9c. COUNTY OF	
RESIDENCE OF DECEDENT 100. STATE 10b. COUNT Maryland Mor	tgomery		own on Location	N			10d. INSIDE CITY LIMITS? 1 YES 2 X NO
10e. STREET AND NUMBER 20310 Crown Rid	lge Court		101. Z	20876			WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 X YE IF YES, GIVE WAR OR 1950-1978	S 2 NO	If yes, speci	DENT OF HISPAN	IC DRIGIN? (Specify Yes 1, Puerto Rican, etc.)		d States E - American Indian, oct. White, etc.
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION	16a. DECEDENT'S USI (Give kind of work life. Do NOT use n	done during most of	of working	16b. KIND OF BUS	SINESS/INDUSTRY	
12	Conege (I-4 or 5+)	Command			Nation	nal Guar	đ
John F. McCulloc	ch			Nellie	Darne		
Janet L. Desjard	lins	The state of the s			, Germant		20876
20s, METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Rem 4 Donation 6 Other (Specify)	noval from State	cother place) Cedar Hill	ALC: CONTRACTOR OF THE PROPERTY OF			cation - chy or t	
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE Farmal	M00198	22. NAME AND Robert 300 We	ADDRESS OF FAC A. Pump est Mont	hrey Fune	ral Home	/Rockville, Inc.
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	By AY	S A CONSEQUENCE OF):	TEM	VE PUI	IMONARY ENSE UM.	DISTAS	Onset and Death
PART II. Other algorificant condition HEDOMINA HATEMIR OF ATHEROS	ARRICE ENTICE	DIFFERENCE OF	TM- TK DIS	EASE	PERFOI	RMED?	No. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 6 Pending Investigation	HOSPITAL: 1 Inpetient 2 ER/O 26e. DATE OF INJUR (Month, Day, Vea.	Putpetient 3 DOA 4.	Nursing Home OF 28c. INJURY	Y AT	6 Other (Specify) 26d. DESCRIBE HOW	INJURY OCCURED	
2 Accident investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJU building, etc. (S	IRY — At home, farm, stre specify)	et, factory, office		281. LOCATION (Street City or Town, State)	and Number or Rura)	Route Number,
anal	ER: On the best of my kn				time, date and place, ar	nd due to the cause	(e) and manner as stated. (ii) (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WITH TWIEVE 31. DATE FILED (Morith, Day, Year) FFB 24 92	HO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, Pr MD / G) 6/M	owt. VI	11. AVE 6.1	ATTA, MI	20879

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

			ICATE O			REG. NO.			
DECEDENT'S NAME (First, Middle, Last)					2. DATE MONTE	OF DEATH	,	YEAR	3. TIME OF DEATH
	MARTON	MCCAN				RHARY	9	992	
SOCIAL SECURITY NUMBER 578-16-0113	5. SEX 6. AG	E (In yrs. last birthday) 85 YRS.	IF UNDER 1 YEAR MONTHS DAYS		(Monti	of BIRTH h, Day, Year) y 16,1	906	8. BIRTI Count	HPLACE (State or Foreign ry) MA
. FACILITY NAME (If not institution, give st	reet and number)		9b. CITY, TOWN	OR LOCATION OF D		, =0,=		NTY OF E	
2945 COCHISE COU	TRT		MECHA	ANICSVILL	E			MAI	
D. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOC	CATION					10d. INSIDE CITY LIMITS?
MD St. 1	Mary's	Me	chanics	ville					1 X YES 2 NO
STREET AND NUMBER				101. ZIP CODE			10g. CIT	IZEN OF	WHAT COUNTRY?
2945 Cochise Cour	rt			20659				U.S.	Α.
MARITAL STATUS Never Married 2 Merried Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 _ YI IF YES, GIVE WAR OF	ES 2 NO	If yes, i	ECENDENT OF HISPA apacify Cuban, Maxic ES 2 X NO Speci	en, Puerto	t? (Specify Yes Rican, etc.)	or No		E American Indian, k, White, etc.
15. DECEDENT'S EDUC (Specify only highest grade	CATION	16e. DECEDENT'S	USUAL OCCUPATION OF ITEMS	TION	18b	. KIND OF BUS	INESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	Ilfa. Do NOT us	se retired.)						
12		Transpo	rtation	Cost Ana				t Co	mmerce
FATHER'S NAME (First, Middle, Last)				16. MOTHER'S N			Surname)		
William A. Mowe:	r					artin			
Mary Spaller				e Ct., Me					20659
Mary Spaller	T	20b. PLACE OF DISPOS							ZUOJ9 own, Stata
Buriel 2 ☐ Cremetion 3 ☐ Reme Donation 5 ☐ Other (Specify)	ovel from State	other place)		tery		24 Wa			
SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	He. OIIV	22 NAME	AND ADDRESS OF E	ICH ITY			gcon	,,,,,,
Mis Da. O	2 D.),	Jose	ph Gawler	's S	-			n,DC 2001
IMEDIATE CAUSE (Final ceese or condition	List only one cause of					diac or reapi		rest,	Approximate interval Betwoonset and D
egeese or condition suiting in death) equentielly list conditions, any, leading to immediate use. Enter UNDERLYING USE (Disease or injury at initiated events	b. DUE TO (OR A		SV/~1	'DN M	Fa	1140	2		interval Betv
quentielly list conditions, any, leading to immediate use. Enter UNDERLYING USE (Disease or injury at initiated events suiting in death) LAST	DUE TO (OR A DUE TO (OR A DUE TO (OR A d.	IS A CONSEQUENCE OF	SUMU F): ウカンC F):	Lear	FA	1140	AUTOPSY MED?		interval Betw Onset and D
quentielly list conditions, any, leading to immediate use. Enter UNDERLYING USE (Disease or injury at initiated events suiting in death) LAST	DUE TO (OR A DUE TO (OR A DUE TO (OR A d. se contributing to deat	IS A CONSEQUENCE OF	SUP-LEFF:	Lear	F 17 F	24a. WAS AN PERFOR	AUTOPSY MED?		b. WERE AUTOPSY FIND AMALABLE PRIOR TO COMPLETION DF CAU
quentielly list conditions, any, leading to immediate use. Enter UNDERLYING USE (Disease or injury at initiated events suiting in death) LAST	DUE TO (OR A DUE TO (OR A DUE TO (OR A d.	A CONSEQUENCE OF	F): F): In the underly 26. OTHER:	Le av	F A F	24a. WAS AN PERFOR	AUTOPSY MED?		b. WERE AUTOPSY FIND AMALABLE PRIOR TO COMPLETION OF CAU
quentielly list conditions, any, leading to immediate use. Enter UNDERLYING USE (Disease or injury at initiated events suiting in death) LAST WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 MO MANNER OF DEATH	DUE TO (OR A DUE TO (OR A DUE TO (OR A d. HOSPITAL:	IS A CONSEQUENCE OF A C	F): F): OTHER: 4 Nursing H. BE OF 28c. I	PLACE OF DEATH (Come 5 B Residence	Part I.	24a. WAS AN PERFOR	AUTOPSY MED?	24	b. WERE AUTOPSY FIND AMALABLE PRIOR TO COMPLETION OF CAU
quentielly list conditions, my, leading to immediate use. Enter UNDERLYING USE (Disease or injury it initiated events uiting in death) LAST RT II. Other significent condition WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO MANNER OF DEATH Mistural 5 Pending investigation Suicide a Could not be	DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A	S A CONSEQUENCE OF SA CONSEQUE	F): 26. OTHER: JURY M 1	PLACE OF DEATH (Come 5 PResidence INJURY AT WORK?	Part I. heck only on 28d. DE	24a. WAS AN PERFOR	AUTOPSY MED?	244	b. WERE AUTOPSY FIND MAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO
esese or condition suiting in death) equentielly list conditions, any, leading to immediate use. Enter UNDERLYING USE (Disease or injury at initiated events suiting in death) LAST INT II. Other significent condition WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 DISEASE MANNER OF DEATH 1 Watural 5 Pending Investigation 3 Suicide 8 Could not be determined at CERTIFIER (Check only)	DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A d. HOSPITAL: 1 Inpetient 2 ER/C 28e. DATE OF INJU (Month, Day, Ye)	S A CONSEQUENCE OF SA CONSEQUE	F): F): OTHER: 4 Nursing H RE OF 28c. I JURY M 1 street, factory, of	PLACE OF DEATH (COMMENT AT WORK? YES 2 NO	Part I. heck only on City 28d, DE 2er. Loc City	24a. WAS AN PERFOR 1 YES 2 Or (Specify) SCRIBE HOW III CATION (Street a or Town, State)	AUTOPSY MED?	24i	b. WERE AUTOPSY FIND AWAILABLE PRIOR TO COMPLETION DE CAU OF DEATH? 1 YES 2 NO
was case referend to medical investigation as suiting in death) Was Case referend to medical initiated events suiting in death) LAST Was Case referend to medical condition Was case referend to medical examiner? 1 yes 2 ho Manner of Death 1 ves 2 ho Manner of Death 1 ves 2 ho Manner of Death 1 ves 2 ho Manner of Death 1 ves 2 ho Manner of Death 1 ves 2 ho Manner of Death 1 ves 2 ho Manner of Death 1 ves 2 ho Manner of Death 1 ves 2 ho Manner of Death 1 ves 2 ho Manner of Death 1 vestigation 3 suicide a Could not be determined 2 certifier (Check only one) 2 he Medical examiner	DUE TO (OR A DU	S A CONSEQUENCE OF SA CONSEQUE	F): F): OTHER: 4 Nursing H RE OF 28c. I JURY M 1 street, factory, of	PLACE OF DEATH (COMMENT AT WORK? YES 2 NO	Part I. Pert I. 1 Part I. 28d. DE 28d. DE	24a. WAS AN PERFOR 1 YES 2 Or (Specify) SCRIBE HOW III CATION (Street a or Town, State)	AUTOPSY MED? J-NO NJURY OCCUPANT OF THE PROPERTY OF THE PROP	24d	b. WERE AUTOPSY FIND AWAILABLE PRIOR TO COMPLETION DE CAU OF DEATH? 1 YES 2 NO
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Daniel
31. DATE FILED (MORTH, Day,
FEB 21 '92

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	AND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	he hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Place the within 72 hours after death with the State Dear, of Health and Mental Hydiene prior to burial, cremation, or removal.	detached for use as the burial-transit permit. Page
APORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	once.

	REGISTRAR		C	ERTIF	ICAT	E OF	DEA	TH		REG. NO).		
	1. DECEDENT'S NAME (First, Middle, Lest) ESTHE	R V.T	MARK	S					2. DAT	OF DEATH	74	72	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 578-62-4882	5. SEX	6. Adde (In yrs. In 96	et birthday) YRS.	IF UNDI MONTHS	DAYS	HOURS	R 24 HRS.	7. DATE	OF BIRTH 26 / 18	96	0. BtR1	HPLACE (State or Foreign ASH • , DC
TOR	96. FACILITY NAME (If not institution, give street and number) NATIONAL LUTHERAN HOME RESIDENCE OF DECEMENT 96. CITY, TOWN OR LOCATION OF DEATH ROCKVILLE MONTG												
DIRECTOR	10e. STATE 10b. COUNTY	IMORE				OR LOCAT							10d. INSIDE CITY
FUNERAL (10e. STREET AND NUMBER 304- 2nd AV						. ZIP COD	e 2122	7				1 X YES 2 □ NO WHAT COUNTRY?
BY FUNE	11. MARITAL STATUS 1 X Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN' FORCES? 1 IF YES, GIVE W	T EVER IN U.S. AM	RMED NO	13	WAS DEC	ENDENT (OF HISPAN	NIC ORIGI	verio Rican, etc.) Bis			CE — American Indian, ck, White, etc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+) (C	ECEDENT'S Give kind of the Do NOT us PIAN	work done se retired.	during mo	st of worki	ing	16	SII	ENT		VIES
BE CON	17. FATHER'S NAME (First, Middle, Lest) HENRY MARK	.s					18. MOT			Middle, Maider			
10	198. INFORMANT'S NAME (Type/Print) REV.DR.REICHARI)								iber, City or Tov		208	350
	20e. METHOD OF DISPOSITION XX Burlel 2 Cremetion 3 Removel from State												
	HYSONG CO., INC. 1300-N ST., NW WASH., DC 20005												
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Between Onset and Death Approximate Interval Between Onset and Death Due To (OR AS A CONSEQUENCE OF):												
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. HIS NOTING CONSTRUCTION OF STRUCTURE OF: DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):												
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PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: CYMED:									00)			1 YES 2 NO
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TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	INJURY — At he	M t YES 2 NO home, term, street, factory, office 28t, L					281, LOC City	81. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLETED	29a. CERTIFIER (Check only one) 1X3CERTIFYINO PHYSIC 2	AN: To the best of r	my knowledge, de emination and/or	ath occurre	d at the t	time, date o	and place,	, and dua	to the car	ree(s) and man	nner as stat	ed.	s) and manner as stated.
TO BE C	295, SIGNATURE AND STILL OF CENTIFIER							NSE NUM			29d, DAT	E SIGNED	(Month, Day, Year)
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BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or Hem 23 shows any Injury, or other traumatic event, the medical examiner must be netified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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A SCORTY NUMBER A 47-22-0992		er)					2. DATE OF MONTH	DEATH DAY	YEAR	P. A. Charles and A.		
447-22-0992 100 us or p												
Shady Grove Adventist Hospital Rockville R			are an analysis and	MONTH			(Month, D	my, Ybar)	Coun	fryr)		
No. STORT WAS ADMINIST 11719 Devilwood Drive		9b. C	TY, TOWN	OR LOCATION OF D								
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Control on Paper grade conclusions Control	1 Never Married 2 Married	FORCES? 1 IF YES, GIVE W	X YES 2 NO AR OR DATES		If yes, sp	ecify Cuban, Mexico	an, Puerto Rice	to Rican, etc.) Black, White, etc. Specify:				
TI. PATHERS NAME (PRIV. Middle Marker Street) 4 Architect Archit			16a. DECED	ENT'S USUAL	OCCUPATI	ON .	16b, KI	ND OF BUSINES	S/INDUSTRY			
T. FATHER'S NAME (First, Madde, Last) Lloyd T. Moody 110. MALRIE Grant Mande (First, Madde, Maddes Surasmo) Vivian Burris 110. MALRIE OF DISPOSITION N. Stella Moody 11719 Devilwood Drive, Potomac, On war, Stella, 20 Cott) 11719 Devilwood Drive, Potomac, Maryland 20854 208. LACE OF DISPOSITION Plants of contract, Conversary or Contract of Contrac		College (1-4 or 5+)		d.)	ost or working	Arc	chitect	ural F	'irm		
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23. PART I. Enter the diseases, or complications that coused the death. Do not enter the mode of dying, such excerding a such experiments abock, or heart felture. List only one cause on each line. Approximate interval Betwee Conservation of the cause of the course		emoval from State	other place)			A CALLES	ry	1000	- 117	Transfer and the		
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CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death occurred in the underlying cause given in Part I. PART II. Other significant conditions contributing to death occurred significant in Part II. PART II. Other significant conditions contributing to death occurred significant in Part II. PART II. Other significant conditions contributing to each part II. PART II. Other significant conditions contributing to each part II. PART II. Other significant conditions contributing to each part II. PART II. Other significant	Sequentially list conditions, DIE TO (OR AS A CONSEQUENCE OR):											
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EXAMINER? 1 XYES 2 NO 27. MANYER OF DEATH 1 Inpatient 2 XER/Outpatient 3 DOA 4 Nursing Home 8 Residence 8 Other (Specify) 27. MANYER OF DEATH 1 Natural 8 Pending Investigation 3 Buildide 8 Could not be determined 28s. DATE OF INJURY At home, farm, street, factory, office 28s. LDCATION (Street and Number or Rural Route Number, City or Town, State) 28s. PLACE OF INJURY — At home, farm, street, factory, office 28s. LDCATION (Street and Number or Rural Route Number, City or Town, State) 28s. PLACE OF INJURY — At home, farm, street, factory, office 28s. LDCATION (Street and Number or Rural Route Number, City or Town, State) 28s. PLACE OF INJURY — At home, farm, street, factory, office 28s. LDCATION (Street and Number or Rural Route Number, City or Town, State) 28s. CERTIFIER (Check only or Town, State) 28s. LDCATION (Street and Number or Rural Route Number, City or Town, State) 28s. LDCATION (Street and Number or Rural Route Number, City or Town, State) 28s. LDCATION (Street and Number or Rural Route Number, City or Town, State) 28s. LDCATION (Street and Number or Rural Route Number, City or Town, State) 28s. LDCATION (Street and Number or Rural Route Number, City or Town, State) 28s. LDCATION (Street and Number or Rural Route Number, City or Town, State) 28s. LDCATION (Street and Number or Rural Route Number, City or Town, State) 28s. LDCATION (Street and Number or Rural Route Number, City or Town, State) 28s. LDCATION (Street and Number or Rural Route Number, City or Town, State) 28s. LDCATION (Street and Number or Rural Route Number, City or Town, State) 28s. LDCATION (Street and Number or Rural Route Number, City or Town, State) 28s. LDCATION (Street and Number or Rural Route Number, City or Town, State) 28s. LDCATION (Street and Number or Rural Route Number, City or Town, State) 28s. LDCATION (Street and Number or Rural Route Number, City or Town, State) 28s. LDCATION (Street and Number or Rural Route Number, City or Town, State) 28s. LDCATION (Street a	25. WAS CASE REFERRED TO MEDICAL	25. WAS CASE REFERRED TO MEDICAL										
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20 to 11: K:1. B. 100	Ace Lipson, M.D	. 2141 K S	treet, N.	W. #70)2 Wa	snington	, DC 2	0037				
	31. DATE FILED (Month, Day, Year) FFR 20 °92			Lett.								

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IMPORTANT. If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1		STATE REGISTR	AF
1	, D	ECEDENT'S	NA

	1. DECEDENT'S NAME (First, Middle, Last)		OLIVIII	ICATE OF	DEATH	2. DATE OF		VIII.	3. TIME OF DEATH		
	KENNETH TA	YLOR NEW	TON, SR.			Feb.	21, 19	992 YE	12:04 PM M		
	4. SOCIAL SECURITY NUMBER 219-22-3098		. AGE (In yrs. lest birthday) 63 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF		A.B	HATHPLACE (State or Foreign Country) Maryland		
	9a. FACILITY NAME (If not institution, give			9b. CITY, TOWN	OR LOCATION OF D			c. COUNTY			
5	2514 Thornberry Drive Edgewood Harford										
DINECTOR	10a. STATE 10b. COUNT		10c. Cr	TY, TOWN OR LOCA			10d. INSIDE C				
	Maryland Ha: 100. STREET AND NUMBER	rford		Edgewo	OCL H. ZIP CODE		10	1 ☐ YES 2 ☑ NO OF WHAT COUNTRY?			
LONEHAL	2514 Thornberry	Drive			21040			USA			
5	11. MARITAL STATUS 1 Never Married 2 XMarried 3 Widowed 4 Divorced	12. WAS DECEDENT BEFORCES? 1 ST. IF YES, GIVE WAS WITT	YES 2 NO	If yes, s		an, Puerto Ric	C ORIGIN? (Specify Yes or No—Puerto Rican, etc.) 14. RACE — Am Black, White Specify: White				
	15. DECEDENT'S EOI (Specify only highest grad		16a. DECEDENT'S (Give kind of life. Do NOT to	work done during m	ON ost of working	16b. K	IND OF BUSINE	ESS/INDUST	RY		
	Elementary/Secondary (0-12)	College (1-4 or 5+)	Millr				Manufa	cturi	ng		
E COMPLEIED	17. FATHER'S NAME (First, Middle, Last) Alfred Kenneth	Newton			18. MOTHER'S N Viol		idle, Maiden Sun Astance		or		
IO BE	19a INFORMANT'S NAME (Type/Print) Mabel A. Newton		19b. MAILIN 251	ADDRESS (Street Thornb	and Number or Aura erry Dri	Ve, Ec	City or Town, S	itete, Zip Coo	21040		
	20e. METHOD OF DISPOSITION 150 Burlet 2 Cremation 3 Res 4 Donation 8 Other (Specify)	noval from State	20b. PLACE AND OAT of cemetary, cremator Mt. Ziol			DATE -25-92			or Town, State		
	21. SIGNATURE OF FUNERAL SERVICE L	M. Poss	101711	22, NAME A	and K. M	CComas	III F	unera	1 Home, P.A. n, Md. 21009		
CERTIFICATION	resulting in death) a										
	PART II. Other significant-conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY										
WEDICAL	CHE						PERFORME	D?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
CIA	25. WAS CASE REFERREO TO MEDICAL EXAMINER? HOSPITAL: OTHER:										
PHYSICIAN:	1 YES 2 NO	1 inpatient 2 i	ER/Outpatient 3 DOA	4 - Nursing Ho	me 5 Residence	1	Specify) RIBE HOW INJ	IRY OCCUR	FD		
2	1 Netural 8 Pending 2 Accident Investigation	(Month, Day	(Year) II	M 1	YES 2 NO						
R								Number or I	Rural Route Number,		
IED BY	4 Nonlicide determined	29a. CERTIFIER (Check only one) 2 MEDICAL EX MINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and menner as stated.									
	29a. CERTIFIER 1 CERTIFYING THY								suse(a) and manner as stated.		
BE COMPLETED	29a. CERTIFIER 1 CERTIFYING THY One) 2 MSDICAL EXAMI	NER: On the basia of exa	mination and/or investigat	lon, in my opinion,		he time, date a	nd place, and d	fue to the co	Suee(a) and manner as stated. GNED (Month, Day, Year)		
COMPLETED	29a. CERTIFIER 1 CERTIFYING BY (Check only one) 2 MEDICAL EX MI	NER: On the basia of exa	mination and/or investigat	lon, in my opinion,	death occured at the	he time, date a	nd place, and d	fue to the co			

REG. NO.

2. DATE OF DEATH DAY

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

JAMES

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	4. SOCIAL SECURITY NUMBER 223 12 8506	5. SEX 1 1 2 F	6. AGE (IQ)	TS. lest birthday) Of YRS.	IF UNDER t Y		UNDER 24 HRS. URS MIN.	7. DATE OF B (Month, Day 05 /	HRTN (Year) ()	Country)	ACE (State or Foreign
TOR	90. FACILITY NAME (II not institution, HOWARD COUNTY) RESIDENCE OF DECEDEN	benard Ho	X) I	nci			VOTA /		A 17	WAY OF DEAT	
DIRECTOR		Howard			OTTO		K, Ma	,			DI. INSIDE CITY LIMITS? YES 2 X NO
FUNERAL	100. STREET AND NUMBER	Grederick K	coad	/		101. ZIP	2110 A	1		S, A	AT COUNTRY?
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	FEVER IN U YES AR OR DATE	N U.S. ARMED 3. NO 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No- If yea, specify Cuban, Mexican, Puerto Rican, etc.) 1 \(\sum \text{YES 2 XNO} \) Specify: 14. RACE — American Indies Block, White, etc. Specify: \(\sum \text{Visite} \)							
TED	15. DECEDENT'S (Specify only highest	EDUCATION grade completed)	10	Give kind of	work done duri	PATION ng most of	working	16b, KIN	D OF BUSINESS/IND	USTRY	
COMPLET	Elementery/Secondery (0-12)	College (1-4 or 5+))	Main	tenanc	e Wo	rker	Н.	C. Board	of F	ducation
S	17. FATHER'S NAME (First, Middle, Las	1)				_			s, Meiden Surname)	02 2	A404C1011
ш	John E. Neal						Mary	L. S	Smith		
TO B	19e. INFORMANT'S NAME (Type/Print)								ity or Town, State, Zip		
-	Mrs. Hazel O.	Brown						Road Ma			MD 2110
	20e. METHOD OF DISPOSITION 1 Deuriel 2 Cremetion 3 D	LACE OF OISPO				5/11/1		N — City or Town, State			
	4 ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE		ke Vie			DDRESS OF FA	CHITY	Sykesville, MD			
	Haight Funeral Home (P.O. Box 195) Sykesville, MD 21784 (410)-795-1400 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or reapiratory arrest, Apr										
CATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Beguentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										Weeks
AL CERTIFICATION	PART II Other significant conditions contributing to death but not requiting in the underlying cause given in Boot I are underlying any page 11700000000000000000000000000000000000									/ERE AUTOPSY FINDING	
N: MEDICAL	CHONE O CORNARY	Artery	Dis	elmo.	, .	Des	lose	_ 10	YES DE NO	0	OMPLETION OF CAUSE OF DEATH?
ICIAN:	25. WAS CASE REFERRED TO MEDIC EXAMINER?	HOSPITAL:			OTHER:	28. PLACE	OF DEATH (Ch	eck only one)			
PHYSI	1 VES 2 NO	28e. DATE OF				g Home 5 c. INJURY	Residence		BE HOW INJURY OC	CHOSO	
	Natural 5 Pending	(Month, De	ey, Year)	28b. Til		WORK?		ZBU. DESCRI	BE NOW INJURY OU	JONED	
TED BY	3 Suicide 8 Could no	2 Accident Investigation 3 Suicide 8 Could not be 286. PLACE OF INJURY — A1 home, farm, street, factory, office 287. LOCATION (Street and Number or Rural Route Number, Character State)									rte Number,
COMPLETED	cont ways	PHYSICIAN: To the best of									and manner es states
BE	29b. SIGNASORE AND TUYCOUP CES		>				C. LICENSE NUI				Aonth, Day, Year)
	1 1 1 1 1 1		SE OF DEAT	H (ITEM 27) (Typ	e, Print) ITH/C/						

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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3. TIME OF OEATH

Approximate interval Between **Onset and Death** WEEKS

10:00

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STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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31. DATE FILEO (Month, Day, Year)

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ISION OF VITAL RECORDS,	The second second second second second

4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 1 K M 2 | F 83 MONTHE DAYS HOURS 231-35-5299 9a. FACILITY NAME (If not institution. FACILITY NAME (If not institution, give street and number)
PENINSULA GENERAL HOSPITAL 96. CITY, TOWN OR LOCATION OF DEATH DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION MD. WICOMICO WILLARDS permit. FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE BOX 89 RT. 1 21874 24 hours after death. Page 6 may be retained by the hospital or attending physician. Filed in by the funeral director, bade in by the funeral director, bade in by the funeral director. 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 25 YNO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-1 Never Married 2 XXMarried FORCES? 1 YES 2 NO If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2XXNO Specify: BY 3 Widowed 4 Divorced 18a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION ecify only highest grade comple (Spe (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +) SALESMAN 4 once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) ISMAEL (UNK.) **OMAR** K SOPHIA MOHAMMED B notified : 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 ELIAS OMAR RT. 1 BOX 89 WILLARDS, MD. þe 20e. METHOD OF DISPOSITION
1 X Burlel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION /Name of must NATIONAL MEMORIAL PARK 2/20 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY
HOLLOWAY FUNERAL HOME all MUTU SNOW HILL RD. or removal. medical 21 PABY I. Enter the diseases, or complications instructions that ceused the deeth. Do not enter the mode of dying, such as cerdiec or reepiretory arrest, ysician and completely filled in by a prior to burial, cremation, or remoshock, or heart fellure. List only one cay e on each line IMMEDIATE CAUSE (Fine) the diseese or condition event. resulting in death) DUE TO JOB AS A CONSEQUENCE OF paccuted use traumatic CERTIFICATION Sequentielly list conditions, OUE TO (OR AS A CONSEQUENCE OF) If sny, leading to immediate the attending physician Mental Hygiene prior to csuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events or other DUE TO (OR AS A CONSEQUENCE OF) resulting in deeth) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. MEDICAL een signed by the shows any peen Dept. c PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL this certificate he with the State D Hem 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: I VES 2 NO 1 Aripatient 2 ER/Outpatient 3 DOA 4 Nursing Nome 5 Residence 6 Other (Specify) 10 27. MANNER OF DEATN 28e. DATE OF INJURY (Month, Day, Year) 26c. INJURY AT WORK? marked. 1 Natural 5 Pending Investigation 1 YES 2 NO BY death After 2 Accident 26a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide -COMPLETED 6 Could not be FUNERAL DIRECTOR: within 72 hours after 28 4 Homicide DR ATT item 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, date and place, end due to the cause(a) and manner as stated. (Check only one) IMPORTANT: If 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner ea stated 296 SIGNATURE AND TITLE OF CERTIFIER 물목물 29c. LICENSE NUMBER 30143 2 2 3 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Benjamin Meyer + Locust St.

32. REGISTRAR'S SIGNATUR Sedie Davids

CERTIFICATE OF DEATH

OMAR

mar

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO 2. DATE OF DEATH DAY 3. TIME OF DEATH YEAR 1255 1992 February 7. DATE OF BIRTH (Month, Day, Year) 12-17-08 8. BIRTHPLACE (State or Foreign PALASTINE SC. COUNTY OF CHICO 10d. INSIDE CITY 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? VENEZUELA 14. RACE — American Indian, Black, White, atc. Snach WHITE 16b. KIND OF BUSINESS/INOUSTRY RETAIL 20c. LOCATION - City or Town, State FALLS CHURCH, VA. SALISBURY, MD. 21801 Approximata Intervel Between **Onset and Death** 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF OFATH? 1 TYES 2 T NO 26d. DESCRIBE HOW INJURY OCCURED 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29d. DATE SIGNEO (Month, Des Year)

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Alies uns cerundate nas been system by the arterioring physician and compressed in by the innered on security of detailed		s marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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202	death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or ren	n 23
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1 - STATE REGISTRAR	STATE OF MARYI	AND / DEPARTM CERTIFIC			MENTAL HYGIEN REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last) Followers Leray Pad								
4. SOCIAL SECURITY NUMBER 578-40-7843 9e. FACILITY NAME (If not inelitation	1 2 □ F 5	YRS. MO	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Pay, Year) 04-14-32	Ma	RTHPLACE (State or Foreign unity) aryland		
PO Box 7 Hote		ville	EATH	Sc. COUNTY O					
10e. STATE 10b.	STATE 10b. COUNTY 10c.						10d. INSIDE CITY LIMITS? 1 YES XX NO		
100. STREET AND NUMBER PO Box 7 Hote:						10g. CITIZEN OF WHAT C			
11. MARITAL STATUS 1 Never Married 2 Marrie 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 V YES IF YES, GIVE WAR OR I	2 NO		cify Cuben, Mexico	NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	В	ACE — American Indian, lack, White, etc.		
15. DECEDEN (Specify only higher Elementary/Secondary (0-12)	T'S EDUCATION set grade completed) College (1-4 or 5+)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use re Mecha	done during mos tired.)	N t of working	Automob	SINESS/INDUSTR	Y		
Six 17. FATHER'S NAME (First, Middle, Edward Ray Pa	adgett				AME (First, Middle, Maiden ry Erl				
Joyce M. Feath					Acute Number, City or Tow 27 Waldorf				
20a. METHOD OF DISPOSITION [MYBurlel 2 Cremetton 3 Removal from State Marry Land Converting 6 Other (Specify)									
21. SIGNATURE OF FUNERAL SER	MOE LIOCHOEC)173	22. NAME AN	D ADDRESS OF FA	Mortuary yland 2064				
IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially liat conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease Dr Injury that initiated events	DUE TO (OR AS		Card	ovasenl	ar Dist	λfe	Interval Betwee		
resulting in deeth) LAST	d	but not resulting in t	the underlying	cause given in	Part I. 24a. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDIN AMILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO ME EXAMINER? YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Ou		26. PL THER: Nursing Hom	6 Residence	6 Other (Specify)				
2 Accident Invest	7. MANNER OF DEATH 1 Netural 5 Pending Investigation Investigation 1 Accident Properties of Pending Investigation Investigation Properties of Pending Investigation Investigation Properties of Pending Investigation Investigation Properties of Pending Investigation Investigation Properties of Pending Investigation Investigation Properties of Pending Investigation I								
4 Homicide detari	Duliding, etc. (Specify)								
one) MEDICAL	G PHYSICIAN: To the best of my kno EXAMINER: On the basis of examinati			eath occured at th	e time, date and place, a		se(e) end manner ee stated		
AMHATA	SON WHO COMPLETED CAUSE OF D	PEATH (ITEM 27/Type, Pri	int)	DA7	MBER 346	P 7	NED (Month, Day, Year)		
Hefr Po	Bux 16t7 1	Valout 1	Not 20	1604		l			
FEB 2.5 9	2 Suha Dean	doon Propolette							

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	DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit.	INDUCTIVITY IN THE TOP IS A THE TOP IN THE TOP IN THE TOP IN THE TOP IN THE TOP IN THE TOP IN THE TOP IN THE TOP IS A THE TOP IN THE	INFORMANT, It seem to as marked, or stem to shows any injury, or other traditioned event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
MEDICAL
PHYSICIAN:
BY
COMPLETED
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2

REGISTRAR			C	ERTIFIC	CATE OF	DEATH		REG. NO).		
1. OECEDENT'S NAME (First, M	fiddle, Last)	-						OF DEATH			3. TIME OF DEATH
SHERWOOD	DON			PH.	1441	05	MONT	/	3 /	YEAR 7	2023 P. M
4. SOCIAL SECURITY NUMBER	R 5	. SEX	B. AGE (In yrs. In		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH		110	PLACE (State or Foreign
152-24-117	6 1	M 2 F	58	YRS.	ONTHS DAYS	HOURS MIN.	1	h, Day, Year)	000	Country)
9e. FACILITY NAME (If not Instit			- 50	9	b. CITY, TOWN	OR LOCATION OF D		<u>-13-1</u>		NTY OF DE	Y
PENINSUL	A CENE	PAT HOSD	TTAT		SALIS		LAIII				
RESIDENCE OF DECE		CAL HOST	TIME		SALITS	DUKI			W	ICOMI	.CO
10e. STATE	Ob. COUNTY			10c. CITY,	TOWN OR LOCAT	TION					10d, INSIDE CITY
VA.	ACCO	MACK			MEAD	0					LIMITS?
10e. STREET AND NUMBER	11000	mich			MEAR	ZIP CODE	-		I son CIT		1 YES 2 NO
RT#2						00400			log. Citi	LEN OF WI	IAI COUNTRY?
11. MARITAL STATUS	12	. WAS DECEDENT	EVER IN ILS AL	PMED		23409				S.A.	
1, Never Married 2 X Me		FORCES? 1	YES 2	NO	It yee, sp	ENDENT OF HISPA ecify Cuben, Maxic	an, Puarto I	Rican, etc.)	e or No —	14. RACE - Black,	- American Indian, White, etc.
3 Widowed 4 Divorce	ed	KOREAN			1 TYES	2 NO Speci	fy:		- 1	Specify	
15. DECEO	ENT'S EDUCAT	ON			SUAL OCCUPATION	N.	1466	. KINO OF BU	DINESO (NE	M10.7mv	WHITE
(Specify only h	ighest grade con	ollege (1-4 or 5 +)	(6	live kind of wor Do NOT use r	k done during mo	st of working	100	. KINO OF BU	SINESS/INL	JUSTRY	
12	"	onege (1-4 or 5 +)	C	ARPEN	משתו			CDID	5145		
17. FATHER'S NAME (First, Midd	lle, Last)			AILI DI	ILK	44 4407117710 44		SELF		LOYE	ED
ELTON PI		90				18. MOTHER'S NA					
19e. INFORMANT'S NAME (Type		5				AD	ELE	CRIS	FIEL	D	
CLARETTA		TTT * DO				nd Number or Rural		ber, City or Tov	n, State, Zip	Code)	
				RT#2	MEARS	VA. 23	409				
20a, METHOD OF DISPOSITION	3 🗆 Ramoval	from State		AND DATE OF I	DISPOSITION (Ne	me of	DAT	E 20c. LC	CATION -	City or Town	n, State
4 Donetion 6 D Other (Sp		1				RY	2-1	7 07	AK H	ALL Y	VA.
21. SIGNATUME OF FUNERAL S	SERVICE LICENS	SEE //		0	22. NAME AN	D ADDRESS OF FA					
Lund	de	my.	1000	X	705	EXCT M	D TAT K	COND	D FUI	NERA.	L HOME Y MD21801
23. PART I. Enter the dise shock, or hear IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	t foliule, List	me fas	on eech line	5 ma/							Approximate interval Between Onset and Death
Sequentisity list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in death) LAST	te		R AS A CONSE								
PART II. Other significent	conditions co	ontributing to de	eath but not r	esulting in t	the underlying	ceuse given in	Part i	24e. WAS AN	ALITOPEY	245 4	VERE AUTOPSY FINDINGS
								PERFO		- A	WAILABLE PRIOR TO
					11-		- 1	1 TYES 2	□ NO		COMPLETION OF CAUSE OF DEATH?
										1	☐ YES 2 ☐ NO
25. WAS CASE REFERRED TO M EXAMINER?		OSPITAL:		10	28. PL	ACE OF OEATH (Ch	eck only on)			
1 YES 2 SONO	1%	Anpatient 2 - E				5 🗆 Residence	6 🗆 Other	(Specify)			
27. MANNER OF DEATH 1 Natural 5 Per 2 Accident Inve	nding estigation	26a. DATE OF IN (Month, Day,	JURY Ybar)	28b. TIME O	Y WOI	JRY AT RK? ES 2 NO	28d. DE\$	CRIBE HOW I	NJURY OCC	URED	
3 Suicide 8 Cou	aid not be ermined	26e. PLACE OF II building, etc	NJURY — At ho (Specify)	me, tarm, stre	at, fectory, office		28t. LOCA City o	TION (Street in Town, Stete)	and Number	or Aurel Aou	ite Number,
29e. CERTIFIER 1 CERTIFY	ING PHYSICIAN	: To the best of my	knowledge de	ath occurred	t the time data	end place, end due			in the same		
one) 2 MEDICAL	L EXAMINER: O	n the beele of exam	nination end/or i	investigation, i	n my opinion, de	end place, end due eth occured at the	time, date	se(s) and mar end place, en	d due to the	ed. e cause(e) e	and manner ee stated.
296. SIGNATURE AND TITLE OF	CERTIFIER	27		-		29c. LICENSE NUM	ABER		29d. DATE	SIGNED (A	fonth, Day, Year)
7 2		/				030	690	,	10	/100	199
30. NAME AND ADDRESS OF PE	RSON WHO CO	MPLETED CAUSE	OF DEATH (ITE	1 27) (Type, Pri	int)					- /	
James E.	Mary	tha, M.	0. , 1	45 E	. Gr.	-011 St		Salis	500	7	MO.
FEBI 9	392	SZ PREGISTRAR	SIPULIFIER	All.							

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is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 short	ith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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31. DATE FILED (Month, Day, Year)
FFB 24 92

A. PEGISPTAR'S SIGNATURE

	FOR 1 - STATE REGISTRAR	STATE OF MA	RYLAND / DEPAI	RTMENT OF	HEALTH AND	MENTAL HYGIEN	E	2 06496
	1. DECEDENT'S NAME (First, Middle, Last)	A.P	Shirley A	nn Pinn		2. DATE OF DEATH MONTH 2 2 2 0	AY O	YEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 297-32-4903	1 🗆 M 2 💢 F	AGE (In yrs. last birthday) 54 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		1938	BIRTHPLACE (State or Foreign Country) Onio
TOR	90. FACILITY NAME (If not institution, give s Manor Care Nursi RESIDENCE OF DECEDENT			Large	OR LOCATION OF E	DEATH	1000	ce George's
DIRECTOR		e George's	200	ry, Town on Local ningsid				10d. INSIDE CITY LIMITS? 1)XXYES 2 \(\square\) NO
FUNERAL	100. STREET AND NUMBER 6612 Woodland Roa					20746	Unit	ed States
B	1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 I	YES 2 X NO	If yea, a	CENDENT OF HISPA pecify Cuben, Maxic S 2 NO Speci	NIC ORIGIN? (Specify Yes an, Puerto Rican, atc.) fy:		4. RACE — American Indian, Black, White, atc. Specify: White
COMPLETED	15. DECEDENT'S EDU- (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(Give kind of life. Do NOT u		ost of working	16b. KIND OF BU	SINESS/INDU	
COM	17. FATNER'S NAME (First, Middle, Last)		Assembly	Line W		Electro		
BE	Arthur Jordan 100. INFORMANT'S NAME (Type/Print)	-	19b. MAILING	ADDRESS (Street		Chine Acoc	ella	
2	Harold W. Pinney		1			Morningside		
	20a. METNOD OF DISPOSITION 1 □ Burlel 2 X Cremetion 3 □ Remo	oval from State	20b. PLACE AND DATE Cemelery, crematory or of SUDURDAN	OF DISPOSITION /A	lame of	DATE 20c. LO	CATION — CH	ty or Town, Stata
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE 2/ D	Suburban	22. NAME A Rapp	Funeral	Services,	P. A.	ring, Maryland
	23. PART I. Enter the diseases, or cachock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	omplications that ca List only one cause of a. Due to ton	on each line.	not anter the mi	oda of dying, suc	ch se cardiac or respi	ratory arres	Approximata interval Batween Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events		AS A CONSEQUENCE O		VI)			
ERT	resulting in dasth) LAST	1						
PHYSICIAN: MEDICAL	PART II. Other significant condition	s contributing to das	th but not resulting	in the underlyin	g cause given in	Part I. 24a. WAS AN PERFOR 1 TYES 2	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. P	LACE OF DEATH (CA	reck only one)		
IYSIC	1 TYES 2- NO	1 Inpatient 2 ER			ne 5 🗆 Realdence	8 Other (Specify)		
D 2 Accident Investigation M 1 TYES 2 NO							LJURY OCCUI	RED
ETED								
COMPLETED	299. CERTIFIER (Check only 1 CERTIFYING PHYSIC	CIAN: To the best of my s	nowledge, death occum nation and/or investigation	on, in my opinion, o	and place, and due death occured at the	time, date and place, and	ner as stated.	cause(a) and manner ea atated.
TO BE	295. SIGNATURE AND TITLE OF CERTIFIER	NO			29c. LICENSE NUI	MBER	29d. DATE S ▶ 2 -	SIGNED (Month, Day, Year)
	20. NAME AND ADDRESS OF PERSON WHO	Ge completed cause of	DEATH (ITEM 27) (Type,		LLANUL	is al	LA	chim

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					ermit.

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x refours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1	-	STATE REGISTRAR	
_	-		۰

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

REGISTRAN		- 0.	-11111	IOAIL	OI.	DEATH		ieg. NO.			
1. DECEDENT'S NAME (First, Middle, Las Joann LoPi		wski					2. DATE OF MONTH Febru	Di		YEAR 1992	3. TIME OF DEATH 10:10
4. SOCIAL SECURITY NUMBER	6. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER	YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH		6. BIRTH	PLACE (State or Foreign
085-12-6137	1 🗌 M 2 💢 F	69	69 YRS. MONTHS DAYS HOURS MHN. (Morth, Day, Year Sept.10,				1922	Country	v York		
9a. FACILITY NAME (If not institution, giv		9b, CITY.	TOWN	OR LOCATION OF DE				NTY OF O			
4903 Dowlais Co	Rockville Montgo										
RESIDENCE OF DECEDENT				110	011.			_	1	1090	.021
10a. STATE 10b. COU						NON					10d. INSIDE CITY
Maryland Me		Re	ockvi	lle						1 YES 2 NO	
10e. STREET AND NUMBER				10	I. ZIP COOE			10g. CIT	IZEN OF W	VHAT COUNTRY?	
4903 Dowlais Co	ourt					20853			Un	he+i	States
11. MARITAL STATUS	12. WAS DECEDE	NT EVER IN U.S. AR				VIC ORIGIN? (5	pecify Yes			- American Indian,	
1 Never Married 2 Married FORCES? 1 YES IF YES, GIVE WAR OR DATE			2 NO If yes, specify Cube				n, Maxican, Puerto Rican, etc.)			Speci	white, etc. White
15. DECEDENT'S E	DUCATION	16a. OE	CEDENTS	USUAL OC	CUPATI	DN	16b. Ki	ND OF BU	SINESS/IN	DUSTRY	
(Specify only highest grant Elementary/Secondary (0-12)	College (1-4 or 5	He He	Do NOT u	work done d	unng mo	nat of working					
12			Secr	etary				H.H	.S		
17. FATHER'S NAME (First, Middle, Last)				1	-	18. MOTHER'S NA	ME (First, Mide	lle, Maiden	Sumame)		
Charles LoF	into						ia Tuz				
19a, INFORMANT'S NAME (Type/Print)		10	b. MAIL IN	ADDRESS	(Street	and Number or Rural				n Codel	
Edward J. Pluh	oweki				- 1170	Court,					30053
20a. METHOD OF DISPOSITION	OMSVI					metery, cremetory or	KOCKAT	-		City or To	
1 Burial 2 Cremetion 3 Red Donation 5 Other (Specify)	emoval from Stata	other pi	lace)			torium,	Inc.	1			Maryland
21. SIGNATURE OF FUNERAL SERVICE		/ M	0019	Q 3	00	West Mon	tgomer	VAV	ral l	Home/	Rockville Inc
23. PART I. Enter the discoses, part shock, or heart fellur	or complications th	et coused the de	eath. Do			Ville, Moda of dying, suc				-2805 reat,	Approximate Interval Betv
IMMEDIATE CAUSE (Finel disease or condition resulting in death)	. Me	tastatic	Bre	ast C	anc	er					5 year
reading in deathy	OUE T	O (OR AS A CONSE	QUENCE C	OF):							
	- h										
Sequentially list conditions, if any, leading to immediate	DUE T	O (OR AS A CONSE	OUENCE C	P):							
cause. Enter UNDERLYING CAUSE (Disease or Injury	G.										
that initiated events	OUE T	O (OR AS A CONSE	QUENCE C	OF):							
resulting in death) LAST	d.										
DART II ON -1 III - A III											
PART II. Other algolificant condit	iona contributing t	o death but not	resulting	in the un	derlyin	g cause given in		PERFO		24b	AMILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
											1 TYES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?					-	LACE OF DEATH (C)	neck only one)				
1 YES 2 KNO	HOSPITAL:	☐ ER/Outpatient :	DOA	4 Num		ne 5)[]@Residence	6 Other (S	pecify)			
27. MANNER OF DEATH	26e. DATE C		28b. Til	ME OF	28c. IN	JURY AT	28d. DESCR		INJURY O	CURED	
1 XNaturel 5 Pending		Day, Year)	IN	JURY M		YES 2 NO					
2 Accident Investigation 3 Suicide 8 Could not	28e. PLACE	OF INJURY At h	ome, farm.	street, facto			281, LOCATI	ON (Street	and Numb	or or Flural I	Route Number.
4 Homicide 8 Could not detarmined	De buildin	g. etc. (Specify)						fown, State			
cond only	IYSICIAN: To the best										s) and manner as state
29b. SIGNATURE AND TITLE OF CERTIFICATION		-//			1110 TO L	29c. LICENSE NU					(Month, Day, Year)
3	11/1:	1	-								ary 19, 1
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED OF		THE OT .	- Pulsas		D3329	3		E	CDI UC	11 19, I
						37 7.0	T.7 - 1	d		D C	20015
Frederick P. Si 31. DATE FILED (Month, Day, Year)		RAR'S SIGNATURE	west	ern A	ven	ue, N.W.	, wasn	Ingt	OII,	D.C.	20013
FFP 20 '02			So .								

FOR

1 - STATE REGISTRAR		SIAIE OF I	MART LAN			F DEATH	MENIA	REG. NO			
1. DECEDENT'S NAME (FI	si, Middle, Last)							OF DEATH			3. TIME OF DEATH
REYNALDO		M.			PATE	U.	MONT 0.2		7 1	992	10:00
4. SOCIAL SECURITY NU	WBER	5. SEX	6. AGE (In yr	s. last birthday)	IF UNDER 1 YEA		7. DATE	OF BIRTH h, Day, Year)			IPLACE (State or Foreign
216-13-4964	-	1 M 2 F	29	YRS.	MONTHS DAY	B HOURS MIN.	MAR	CH 28,	196		LIPPINES
9a. FACILITY NAME (If no	institution, give	street and number)			9b. CITY, TOW	N OR LOCATION OF	DEATH		9c. COU	NTY OF D	EATH
10907 AM		AVE			SILVI	ER SPRIM	1G		MON	TGON	MERY
RESIDENCE OF D	10b. COUNT	TV .		100 CI	Y, TOWN OR LO			-			
MARYLAND		TGOMERY		100.01	SILVER						10d. INSIDE CITY LIMITS?
10e, STREET AND NUMBE						101. ZIP CODE			I son CIT	TZEN OF Y	1 YES 2 NO
10907 AMI	ERST	AVENUE				20902				JSA	THAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 D	Married 2 Married FORCES? 1 IF YES, GIVE WAR			YES 2 ANO If yes, specify Cuben, Maxic			Ican, Puerto Rican, atc.) Biac			Black	E — American Indian, k, White, atc. hy: ASIAN
	ECEDENT'S EDI		16:	. DECEDENT'S	USUAL OCCUP	ATION	168	. KIND OF BU	SINESS/INC	DUSTRY	
Elementary/Secondary		College (1-4 or 5	+)	ille. Do NOT u	work done during se retired.)	most of working					
		5	1	MECHAN	ICAL EN	GINEER		JOHN C	HRIST	CIE 8	ASSOCIAT
17. FATHER'S NAME (First,	Middle, Last)					18. MOTHER'S	NAME (First,	Middle, Maiden	Sumame)		
NICOLAS		PATDU	_			MARIA			ANAL(
19a. INFORMANT'S NAME		(11777)									ROCKVILLE
JUANITA B.		(WIFE)				BRANCH 1					RYLAND 208
20a. METHOD OF DISPOS 1 Durial 2 Crome	tion 3 🕅 Ren	noval from State	20b. PL	ACE AND DATE y, crematory or o	OF DISPOSITION	(Name of	OAT				HISTPPINES
4 Donation 6 Ott		CENTER	_ ST.	RITAS		IC CEMETI		SAN	TA R	TA P	PAMPANGA,
· 101	SI.	510			FRAN	CIS J. CO	OLLIN				INC. P., MD 209
Sequentially list conditions if any, leading to limit cause. Enter UNDER! CAUSE (Disease or lithat initieted events	nediate YING njury	c	(OR AS A CO	NSEQUENCE O	F):						
resulting in death) L/		d									
PART II. Other algorific	cant conditio	na contributing to	death but i	not resulting	in the underly	ring ceuse given i	n Part I.	24a. WAS AN PERFOR	MED?	24b.	WERE AUTOPSY FINDII AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 VES 2 NO
25. WAS CASE REFERRED EXAMINER?	TO MEDICAL				26	PLACE OF DEATH (Check only or	ne)			
1 X YES 2 NO		HOSPITAL: 1 Inpatient 2	ER/Outpatie	nt 3 🗆 DOA	OTHER:	lome 5 🗆 Residence	6 1 Othe	er (Specify)			
27. MANNER OF DEATH		28a. DATE OF		28b. TIR	AE OF 28c.	INJURY AT WORK?	28d. OE	SCRIBE HOW	NJURY OC	CURED	
1 Netural 5 [Pending Investigation		7-199			YES 2 NO	SUB	JECT	SHO	T	
3 Suicide 6	Could not be	28s. PLACE (building	F INJURY — atc. (Specify)		street, factory, o	ffice		ATION (Street or Town, State)		or Rural F	Poute Number,
4 A'Homicide	detarmined			IN PA	RKING	LOT	109		HER	ST A	AVE
		SICIAN: To the best of					ue to the ca	use(a) and ma	nner as ata	ted.	i) and manner as state
296 SIGNATURE AND TIT				-	7	_		at			
A A A S	- (h-0	U/2 01	11.	0		29c. LICENSE N	UMBER				(Month, Day, Year) 3 - 1992
30. NAME AND ADDRESS	OF PERSON W	HO COMPLETED CALL	SE OF DEATH	(ITEM OF CE	Drine ¹	0.C.N	1.E.			~ 10	1776
MARGARI	17 A.	KOREL	· .			REET BA	LTIM	ORE 1	1ARY	LAND	21201
31. DATE FILED (Month, DI	קאָי) קאָי	A CONTROLLED	PANIE S	angraphs.							
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, name 5 should be detached for a	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal,	IMPORTANT: if Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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31. DATE FILED (Month, Day, Year)
FEB 19 92

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	1 - FOR STATE REGISTRAR	STATE OF MARYL			HEALTH AND	MENTAL HYGIEN		R
	1. DECFRENT'S NAME (First, Middle, Last)		2001	1-0		2. DATE OF DEATH		3. TIME OF DEATH 2
	FANNIE	н.	AKK	ER		MONTH D	2 9	2 330 m
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE ((in yrs. lest birthday)	IF UNDER 1 YEAR			0.	BIRTHPLACE (State or Foreign
	214-18-8967	1 M 2 XX	90 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) Sept. 2,		Country) Maryland
	9a. FACILITY NAME (If not institution, give s	reet and number)		9b. CITY, TOW	OR LOCATION OF		9c. COUNTY	
8	Holy Cross Hospi	tal		Silve	er Sprine	~		gomery
5	Holy Cross Hospi					9	Hone	gomery
овестов	TOLK COOK!		10c. CIT	Y, TOWN OR LO	ATION			10d. INSIDE CITY LIMITS?
		gomery	Roc	kville				1 XXVES 2 NO
FUNERAL	10e. STREET AND NUMBER				IOI. ZIP CODE		10g. CITIZEN	OF WNAT COUNTRY?
9	730 Grandin Aven	ue			20850		Unite	ed States
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES		13. WAS D	ECENDENT OF HISP	PANIC ORIGIN? (Specify Yelloan, Puerto Rican, etc.)	or No- 14.	RACE - American Indian, Black, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA		1 🗆 Y	ES 2 X NO Spe	icin, Puerto Hican, etc.)		Specify:
ED E								White
H	15. DECEDENT'S EDUC (Specify only highest grade	completed)	18a. DECEDENT'S (Give kind of	work done during	FION nost of working	166, KIND OF BU	SINESS/INDUS	TRY
2	Elementary/Secondary (0-12)	College (1-4 or 5+)	lile. Do NOT u					
COMPLET	12 17. FATHER'S NAME (First, Middle, Last)		Sort	er		Laund:		
		•				NAME (First, Middle, Maiden	Surname)	
BE	Lewis P. Oldfiel 19a. INFORMANT'S NAME (Type/Print)	α	No. or deposition			nie Abel		
2	Frances L. Brown					al Route Number, City or Tow		
	20a. METHOD OF DISPOSITION	T				Rockville,		
	1 Burial 2 N Cremation 3 Rame 4 Dogstton 8 Other (Specify)	rval from State 20b.	PLACE AND DATE (atery, crematory or o	OF DISPOSITION (ther place)	Verne of 2/16	Inc. Be	CATION — City	or Town, Stata
	21. SIGNATURE OF ELECTION (Specify)	ENSE!	ontgomer	y Crema	torium,	Inc. Be	thesda,	Maryland
	> X aniel E	Pomu	M0080	Home/	Rockvill	le, Inc. 30 ville, Mary	00 West	mphrey Funeral Montgomery
	23. PART i. Enter the diseases, or c	omplications that caused	the desth. Do r					
	23. PART I. Enter the diseases, or complications that deused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart failure. List only one ceuse or each line. IMMEDIATE CAUSE (Final							
	disease or condition resulting in desth)	thee	eirati	acc ,	alla			Oneat and Death
	resulting in destin)	DUE TO JOH AS A	CONSEQUENCE OF	1/	nevu	cry .		municy
z	-	Chron	u Co	PDU				Ways
CERTIFICATION	Sequentially list conditions, if any, laeding to immediate	DUE TO (OR AS A	CONSEQUENCE OF	7:				gears.
S	CAUSE (Disesse or Injury	Enun	resea	101				Ways
프	that initiated events	DUE TO (ON AS A	CONSEQUENCE OF	9:				7
E E	resulting in death) LAST							
_	PART II. Other significant conditions	contributing to death by	it not resulting i	n the underhal		Section 1		
PHYSICIAN: MEDICAL	Maine B	lese	Austa	duxa	ng ceuse givan i	n Part I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
0	Cregarie 1	I course	SHIM	1000	4	1 🗆 YES 🥻	ŒX NO	COMPLETION OF CAUSE OF DEATH?
Σ			0					1 YES 2 NO
AN	AT 1410 0105 DEFENDED TO 1							
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (C	Check only one)		
ΥS	1 TYES 2 NO	1 Inpatient 2 ER/Outpa	itlent 3 🗆 DOA		me 5 🗌 Raaldence	6 Cother (Specify)		
F	27. MANNER OF DEATH	(Month, Day, Year)	28b. TIM	URY W	JURY AT ORK?	28d. DESCRIBE HOW H	NJURY OCCURE	ED .
B	2 Accident Investigation				YES 2 NO			
8	3 Suicide 8 Could not be determined	28s. PLACE OF INJURY - building, atc. (Specif	— At home, term, e	freet, factory, off	ce	281. LOCATION (Street a City or Town, State)	nd Number or A	tural Route Number,
F3	Po- OFFICE							
APL	(Check only one)	IAN: To the best of my knowle	edge, death occurre	d at the time, dar	e and place, and du	us to the cause(s) and man	ner as stated.	
COMPLETED	2 MEDICAL EXAMINER	: On the basis of examination	and/or investigation	n, in my opinion,	death occured at th	ne time, date and place, and	d due to the ca	use(a) and manner as stated.
w	296. SIGNATURE AND TITLE OF CERTIFIER	6 120.	1	1	29c. LICENSE NO	UMBER	29d. DATE SIG	GNED (Month, Day, Year)
OB	JAMAN.	gelle,	MI		100	22.738		uary 15, 1992
ĭ I	30. NAME AND ADDRESS OF BERSON WHO		T11 (17721 am/s		1	500	reni	uary 13, 1992

OMPLETED CAUSE OF DEATH (ITEM 27/17/PDR, Print)

ANEX MD 2415 MUSGKATERD 4209

B2 PREGISTRAN I SIGNATURE

FUND DAME DAME

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(6)	prs. 1. 2. 8 should	
BALTIMORE, MARYLAND 21215-0020	uns after death. Page 6 may be retained by the hospital or attending physician. In by the funeral director, page 5 should be detached for use as the burla-transit permit. Pages 1.2 & should be removal.	

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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B	DIR	hour	Item
YIAL	RAL	22	# :
HOS.	FUNE	within	AM
里	HE	led v	OFF
10	5	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	M

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

REGISTRAR CERTIFICATE OF DEATH REG. NO.												
	1. DECEDENT'S NAME (First, Middle, Lost)							2. DATE OF DEATH	-		3. TIME OF DEATH	
	Inez C. Pennybacker							February 12, 19		992	1:15P M	
	4. SOCIAL SECURITY NUMBER 5. SEX 6.		6. AGE (In yrs. last	L AGE (In yrs. last birthday) IF UNDER 1 YE			24 HRS.	7. DATE OF BIRTH	8. BIRTHPL		IPLACE (State or Foreign	
	049-20-1922	1 □ M 2√√ F	93	YRS.	MONTHS DAYS	HOURS	MIN.	(Month, Day, Year) March 2,	1898	Countr		
	9s. FACILITY NAME (If not institution, give a			9b. CITY, TOWN	Y, TOWN OR LOCATION OF D		EATH	9c. COUNTY OF DEATH				
DIRECTOR	10500 Rockville Pike, #402 Rockville Montgomery											
Ñ.	10e. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN OR LOCA	TION					10d. INSIDE CITY	
8	Maryland Monts		Rockville							LIMITS?		
AF	10e. STREET AND NUMBER		10f. ZIP COD			9		10g. CITIZEN OF WHAT COUNTRY?		2141		
ER	10500 Rockville H	2	2					Uni	rod C	States		
FUNERAL	11. MARITAL STATUS	T EVER IN U.S. ARM	ED	13. WAS DE	CENDENT O	F HISPAI	NC ORIGIN? (Specify Ye		14. RACE	- American Indian.		
BY F	1 Never Married 2 Married 3 Widowed MY Divorced	YES 2/ NO	ES ZIXNO If yes, spe			pecify Cuben, Mexican, Puerto Rican, etc.) Specify:			Black, White, atc. Specify: White			
8	15. DECEDENT'S EDUCATION			18s. DECEDENT'S USUAL OCCUPATION				16b. KIND OF BUSINESS/INDUSTRY			WILLE	
H	(Specify only highest grade Elementary/Secondary (0-12)	(G/v	(Give kind of work done during most of working life. Do NOT use retired.)									
7			Fine Book Binder				Self-employed					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						ER'S NA	ME (First, Middle, Maiden		cu		
	William L. Combs						Amanda Johnson					
BE	19s. INFDRMANT'S NAME (Type/Print)								m State Zi	n Code)		
2	Anne Pennybacker Watts			19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)								
	20e. METHOD OF DISPOSITION	OF DISPOSITION /A	Clenmore Terrace, Rockville, Maryland 20850									
	1 Buriel 2 Cremation 3 Removal from State cemetery, crematory or other 4 Department 5 Other (Specify)					Procedure February 14, 1992 Crematorium, Ind. Bethesda, Maryland					wit, otalis	
	Montgomery Crematorium, Ind. Bethesda, Maryland 22. NAME AND ADDRESS OF FACILITY Robert A. Pumphrey Funer Homo / Poolsterillo, Trop 200 H.									ary Land		
	Home/Rockville, Inc. 300 Wes Avenue, Rockville, Maryland							est M	ontgomery			
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or resolutions arrest.											
	shock, Dr heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due TO (OR AS A CONSEQUENCE OF): Shock, Dr heart failure. List only one cause on each line. Interval Between Onset and Daeth 30'										Interval Between	
											Onset and Daath	
- 1											30	
z	Sequentially list conditions. 6. Central Information 5 day										5de	
2	Sequentially list conditions, If any, leading to immediate									7		
CERTIFICATION	cause. Enter UNDERLYING											
트	that initiated events DUE TO (OR AS A CONSEQUENCE OF):										0	
E	reaulting in death) LAST	d,										
O	PART II. Other aignificant condition	a contributing to	death but not re-	eulting	in the underlyle		luan In	Cont. Low was an		1		
DICAL	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? AMAILABLE PRIOR TO									AMILABLE PRIOR TO		
										OF DEATH?		
Σ								-			1 TYES 2 NO	
A I	or the over excession to the over											
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:											
₹	1 YES 2 XXO	1 Inpetient 2 I	ER/Outpatient 3	3 DOA 4 Nursing Home 5/1 Rssidence				8 Other (Specify)				
	XX Natural 5 Pending	(Month, D		28b. TIM	JURY W	JURY AT DRK?		28d. 0EŞCRIBE HOW INJURY OCCUREO				
B	2 Accident Investigation					YES 2 NO						
	3 Suicide 8 Could not be determined 28a. PLACE OF INJURY — At he building, stc. (Specify)				home, farm, street, factory, office			281. LOCATION (Street and Number or Rural Route Number, City or Yown, State)				
COMPLETED	4 nomicide determined											
릴	29s. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.											
S I	one) 2 MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.											
	29b. SIGNATURE AND TITLE OF CERTIFIER					29c. LICE	NSE NUM	BER 29d. DATE SIG			(Month, Day, Year)	
BE	(Ant Inena							745			2/12/92	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)									1.4.15			
	Stephen Jones,	M.D.			809 Vet	s Mil	11 P	oad, Rocky	d11^	Ma	mrland	
	31. DATE FILED (Month, Day, Year)		R'S SIGNATURE	100	-U2 VC1	O SIL.	1	oad, ROCKY	ттте	, rid	TATRIIG	
	FFR 19 '92	The Day		-								